2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076257

Entity Name: NOWINVEST CORP.

Address:

City-St-Zip:

P O BOX

MIAMI, FL 33177

FILED Apr 15, 2008 Secretary of State

		LOT COM .			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
12345 S.W. 151 ST APT #213			14515 SW 138TH PL N/A	14515 SW 138TH PL N/A	
MIAMI, FL 33186			MIAMI, FL 33186	MIAMI, FL 33186	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX MIAMI, FL			P.O. BOX 770642 N/A MIAMI, FL 33177		
FEI Number	: 65-1134493	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
OJOMON, CHRISTOPHER 12345 S.W. 151 ST APT #213 MIAMI, FL 33186 US			14515 SW 138TH PL N/A	OJOMON, CHRISTOPHER 14515 SW 138TH PL N/A MIAMI, FL 33186 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				04/15/2008	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (OJOMON, MAF PO BOX 77064 MIAMI, FL 331	42	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PCEO (OJOMON, CHF P.O. BOX 7706 MIAMI, FL 331	502	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (OJOMON, OSC) Delete DSE A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER OJOMON PCEO 04/15/2008