## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 11, 2005 08:00 AM Secretary of State **DOCUMENT # P01000097330** NOVÁ REALTY GROUP OF FLORIDA, INC. Principal Place of Business Mailing Address 7767 JOHNSON ST. 4655 W. FLAGLER ST. PEMBROKE PINES, FL 33024 MIAMI, FL 33134 03072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1144517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HERNANDEZ, FRANK DO NOT WRITE 4655 W. FLAGLER ST. MIAMI, FL 33134 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE DPST HERNANDEZ, FRANK NAME STREET ADDRESS 4711 SW 8TH ST CITY-ST-ZIP MIAMI, FL 33134 U00000259223 03/11/05-80016-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NUMBER STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling ploes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I juritier certify that the information indicated on this report or supplemental report is file and securate and that my 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 ampowered execute this report or as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other like empowered. SIGNATURE: .

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED