2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 09, 2006 8:00 am Secretary of State **DOCUMENT # P02000044302** 05-09-2006 90069 031 ***150.00 SUPER-NOVA MILLING & TRADING CORP. Principal Place of Business Mailing Address 6667 S.W. 56 ST. UNIT #806 4 ALHAMBRA CIRCLE MIAMI, FL 33155 #3 CORAL GABLES, FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04212006 Chg-P Applied For City & State City & State 4. FEI Number 01-0706870 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Leonardo PINTO, LEONARDO J Street Address (P.O. Box Number is Not Acceptable) 4 ALHAMBRA CIRCLE #3 CORAL GABLES, FL 33134 lam 8. The above named entity submit stylis state netrification the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered/agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr gistered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FÉE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE PINTO, LEONARDO J NAME NAME STREET ADDRESS 4 ALHAMBRA CIRCLE #3 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP ☐ Delete Change ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trustge empowered to execute this report 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 address, with all other like empowered. Daytime Phone TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED