FROM : Corpotax PHONE NO. : 30544179

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Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90015 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000046701

1. Entity Name
NOVOA CORPORATION

04001837

Principal Place of Business	Mailing Address
12336 SW 110TH SOUTH CANAL ST RD MIAMI, FL 33186	12336 SW 110TH SOUTH CANAL ST RD MIAMI, FL 33186
2. Principal Place of Business: 2204 Harvard Ct	3. Mailing Address: 2204 Harvard Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview,Fl	City & State: Riverview,Fl
Zip: 33569 Country:	Zip: 33569 Country:

04072004 Chg-P CR2E034 (10/03)

4. FEI Number: 06-1641511 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAN JUAN, MANUEL L
2204 HARVARD CT.
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City FL Zip Code

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 the obligations of registered agent.

SIGNATURE X San Juan, Manuel L 04/06/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAN JUAN, ~~MANUEL L~~ MANUEL 2204 HARVARD CT. RIVERVIEW, FL 33569	☒ Delete	PD San Juan, ~~Daniel~~ MANUEL L 2204 Harvard Ct Riverview,Fl 33569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PACHECO, BARBARA 2204 HARVARD CT. RIVERVIEW, FL 33569	☒ Delete	VD Pacheco, Barbara 2204 Harvard Ct ~~Riverview,Fl 33569~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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.

SIGNATURE: X ____ x 04/07/04 x (813) 503 2698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #