

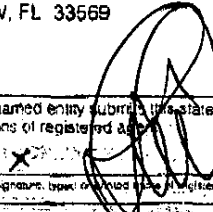
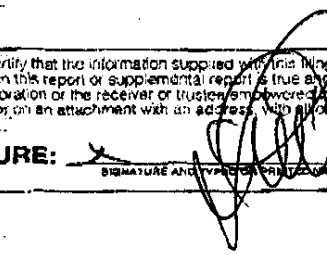
FROM : Corpotax

PHONE NO. : 30544179

FILED
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			
Principal Place of Business 12336 SW 110TH SOUTH CANAL ST RD MIAMI, FL 33186		Mailing Address 12336 SW 110TH SOUTH CANAL ST RD MIAMI, FL 33186	
2. Principal Place of Business 2204 Harvard Ct Suite, Apt. #, etc.		3. Mailing Address 2204 Harvard Ct Suite, Apt. #, etc.	
City & State Riverview, FL		City & State Riverview, FL	
Zip 33569	Country	Zip 33569	Country
4. FEI Number 08-1841511		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 		San Juan, Manuel L. 04/06/04	
Signature (Type or Print Name of Registered Agent and Title if applicable)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$6.00 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 MANUEL SAN JUAN, MANUEL L. 2204 HARVARD CT. RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANUEL San Juan, Daniel L. 2204 Harvard Ct Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PACHECO, BARBARA 2204 HARVARD CT. RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pacheco, Barbara 2204 Harvard Ct Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: 		04/07/04 (813) 503 2698	
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	