2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000046701

1. Entity Name
NOVOA CORPORATION

Principal Place of Business	Mailing Address
2204 HARVARD CT RIVERVIEW, FL 33569	2204 HARVARD CT RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

02192005   No 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

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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 _____

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, 2005 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SAN JUAN, MANUEL
STREET ADDRESS	2204 HARVARD CT.
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	VD
NAME	PACHECO, BARBARA
STREET ADDRESS	2204 HARVARD CT.
CITY-ST-ZIP	RIVERVIEW, FL 33569

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____

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