


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000066320 1. Entity Name SERVI-NOVA INTERNATIONAL INC.		
Principal Place of Business 1865 BRICKELL AVENUE BUILDING A 1414 MIAMI, FL 33129	Mailing Address 1865 BRICKELL AVENUE BUILDING A 1414 MIAMI, FL 33129	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OYARZABAL, NANCY 1865 BRICKELL AVENUE BUILDING A 1414 MIAMI, FL 33129		DO NOT WRITE 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 the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		4. FEI Number 02-0622971 Applied For Not Applicable
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OYARZABAL, NANCY 1865 BRICKELL AVENUE, BLDG. A 1414 MIAMI, FL 33129	DO NOT WRITE IN THIS SPACE
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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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



01172006 No Chg-P CR2E034 (11/05)

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