

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 048 ***150.00

DOCUMENT # P02000083053

1. Entity Name
NUOVA VITA, INC.



Principal Place of Business
**4155 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

Mailing Address
**4155 SOUTH TAMiami TRAIL
SARASOTA, FL 34231**

50023953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
74-3054857

Applied For
Not Applicable

Zip

Country

Zip

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Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AQUINO, VINCENZA
3857 KINGSTON BLVD
SARASOTA, FL 34238**

Name **MARCELLO AQUINO**

Street Address (P.O. Box Number is Not Acceptable)
3857 KINGSTON BLVD.

SARASOTA

City

FL

Zip Code **34238**

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]

MARCELLO AQUINO

7/31/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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 **D** ☒ Delete
STREET ADDRESS **AQUINO, VINCENZA**
CITY - ST - ZIP **3857 KINGSTON BLVD
SARASOTA, FL 34238**

TITLE
NAME **P.V.T.S.D.E.M.** ☒ Change ☐ Addition
STREET ADDRESS **MARCELLO AQUINO**
CITY - ST - ZIP **3857 KINGSTON BLVD.
SARASOTA, FL 34238**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/31/2006 9297900

ATTACHMENT

5002395-3
#02000083053

Nuova Vita, Inc.

**4155 S. Tamiami Trail
Sarasota, Fl. 34231**

July 31, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32303-1500

Dear Sir or Madam:

I returned to Florida after the death of my father and became director of my mother's corporation Nouva Vita, Inc. All stocks have been transferred though; I have not filed the annual report. I have been busy with these matters and it has been overlooked by both my mother as well as me. Please accept the enclosed check for \$150 and abate the penalty.

Thank you very much,



Marcello Aquino
Director, Nouva Vita Inc.