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Secretary of State
03-10-2004 90032 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000000527

1. Entity Name
NOVATECK ENTERPRISES, INC.

94027558

Principal Place of Business	Mailing Address
262 NW 54 ST POMPANO BCH, FL 33064	262 NW 54 ST POMPANO BCH, FL 33064

2. Principal Place of Business	3. Mailing Address
1100 NW 45 St.	1100 NW 45 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO, FL	City & State: POMPANO FL
Zip: 33064-1133 Country: USA	Zip: 33064-1133 Country: USA

03012004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0153073 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BERGERON, NORMAND
262 NW 54 ST
POMPANO BCH, FL 33064

7. Name and Address of New Registered Agent

Name: NORMAND BERGERON
Street Address (P.O. Box Number is Not Acceptable): 1100 NW 45 St.
City: POMPANO FL Zip Code: 33064-1133

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 [signature] 3-1-04
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	P BERGERON, NORMAND 262 NW 54 ST POMPANO BCH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Normand Bergeron 1100 NW 45 St. Pompano FL 33064-1133	☒ 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
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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 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 [signature] 3-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #