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

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94027558

DOCUMENT # P03000000527

1. Entity Name
NOVATECK ENTERPRISES, INC.

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 65-0113073 — Applied For / Not Applicable

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
BERGERON, NORMAND 262 NW 54 ST POMPANO BCH, FL 33064	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 _____ 3-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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 Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	BERGERON, NORMAND	NAME	Normand Bergeron
STREET ADDRESS	262 NW 54 ST	STREET ADDRESS	1100 NW 45 ST.
CITY-ST-ZIP	POMPANO BCH, FL 33064	CITY-ST-ZIP	POMPANO FL 33064-1133
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 _____ 3-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #