

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000023808

1. Entity Name
GARDENS AT NOVA MANOR, INC.



Principal Place of Business 3971 SW 8 ST SUITE 205 MIAMI, FL 33134	Mailing Address 3971 SW 8 ST SUITE 205 MIAMI, FL 33134
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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1046114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, NITZA
3971 SW 8TH STREET #205
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent's signature required when filing statement)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD LARRIEU, MANUEL A 3971 SW 8 ST, #205 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD LARRIEU, JORGE A 3971 SW 8 ST, 205 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS GONZALEZ, NITZA 3971 SW 8 ST., #205 MIAMI, FL 33134
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03/11/05-80014-015 150.00

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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)(f), 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: Manuel A. Larrieu 2/17/05 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #