

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000023808 <small>1. Entity Name</small> GARDENS AT NOVA MANOR, INC.					
<small>Principal Place of Business</small> 3971 SW 8 ST SUITE 205 MIAMI, FL 33134			<small>Mailing Address</small> 3971 SW 8 ST SUITE 205 MIAMI, FL 33134		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		01102006 Chg-P CR2E034 (11/05)	
<small>4. FEI Number</small> 33-1046114				<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <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			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
<small>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.</small> <small>SIGNATURE</small> _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution:</small> <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PTD LARRIEU, MANUEL A 3971 SW 8 ST, #205 MIAMI, FL 33134	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VSD LARRIEU, JORGE A 3971 SW 8 ST, 205 MIAMI, FL 33134	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	AS GONZALEZ, NITZA 3971 SW 8 ST., #205 MIAMI, FL 33134	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<small>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.</small>					
SIGNATURE: _____		1-16-06		305-444-6716	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	