


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-12-2004 90013 049 ***158.75

DOCUMENT # P03000036691	
1. Entity Name NOVO-MIAMI IMPORT CORP.	

Principal Place of Business 2986 W. FLAGLER ST., #4 MIAMI FL 33135	Mailing Address 2986 W. FLAGLER ST., #4 MIAMI FL 33135
NEW ADDRESS	

66408148



MOORE CR2E034 (11/03)

2. Principal Place of Business Novo-Miami Import Corp Suite, Apt. #, etc. 3062 GRAND AVE	3. Mailing Address Novo-Miami Import Corp Suite, Apt. #, etc. 3062 GRAND AVE
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33133	Zip 33133
Country	Country

4. Fee Number 59-3770659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent DELGADO, MIGUEL 2986 W. FLAGLER ST., #4 MIAMI FL 33135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3062 GRAND AVE City MIAMI FL Zip Code 33133
NEW ADDRESS	

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 signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, MIGUEL 2986 W. FLAGLER ST., #4 MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Miguel Delgado 3/5/04 786-395 2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #