

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90040 016 ***150.00

DOCUMENT # P03000036691					
1. Entity Name NOVO-MIAMI IMPORT CORP.					
Principal Place of Business 3062 GRAND AVE. MIAMI, FL 33133			Mailing Address 3062 GRAND AVE. MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3770659	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA, EUSTASIO 3062 GRAND AVE. MIAMI, FL 33133			Name NICOLE GARCIA Street Address (P.O. Box Number is Not Acceptable) 3062 GRAND AVENUE City COCONUT GROVE FL 33133		
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 <u>Nicole Garcia</u> <u>7/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GARCIA, EUSTASIO 3062 GRAND AVE. MIAMI, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D NICOLE GARCIA 3062 GRAND AVENUE, COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, EUSTASIO 3062 GRAND AVE. MIAMI, FL 33133	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VANESSA GARICA 3062 GRAND AVENUE, COCONUT GROVE, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>7/29/08</u> <u>305-474-1773</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT
Zamora, Hillman & Veres
ATTORNEYS AT LAW

Enrique Zamora, P.A.
Certified Civil Mediator

Louis M. Hillman-Waller, P.A.
Certified Civil Mediator

Charles Veres, Esq. *
* Admitted to the District of Columbia

Javier Millares, Esq.

3006 Aviation Avenue • Penthouse 4-C
Coconut Grove, Florida 33133

Telephone: (305) 285-0285

Facsimile: (305) 285-3285

e-mail: info@zhvlaw.net

website: www.zhvlaw.com

40112618
#P03 000036691

July 29, 2008

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, Florida 32301

Re: Novo-Miami Import Corp.

To Whom It May Concern:

Enclosed is the annual report for 2008. We are filing it with a check of \$150.00, since Mr. Garcia did not receive notice, as he passed away on Aug. 22, 2007 date. Enclosed is a copy of the death certificate. We would hope that the filing be accepted.

Very truly yours,

Louis M. Hillman-Waller, Esq.

ATTACHMENT

40112618
P03000036691

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

1. DATE OF BIRTH (Month, Day, Year)		2. AGE Last Birthday	3. SEX	4. RACE	5. DATE OF DEATH (Month, Day, Year)
September 26, 1905		51	Male	White	August 22, 2007
6. PLACE OF BIRTH (Country, State, City or Town)		7. PLACE OF DEATH (City or Town, State)			
Cuba		Miami-Dade			
8. PLACE OF DEATH (City or Town, State)		9. PLACE OF DEATH (City or Town, State)			
Miami-Dade		Miami			
10. MARITAL STATUS (Married, Widowed, Divorced, Single, Other)		11. SURVIVING SPOUSE'S NAME (Last, First, Middle)			
Married		None			
12. MARRIAGE DATE (Month, Day, Year)		13. MARRIAGE PLACE (City or Town, State)			
Florida		Miami			
14. STREET ADDRESS		15. SOCIAL SECURITY NO.			
825 Brickell Bay Drive		1951			
16. OCCUPATION (Industry, Trade, Profession, Occupation)		17. TYPE OF BUSINESS/INDUSTRY			
Teacher		None			
18. PRESENT ADDRESS (City or Town, State)		19. PRESENT ADDRESS (City or Town, State)			
Miami-Dade		Miami			
20. PLACE OF DEATH (City or Town, State)		21. PLACE OF DEATH (City or Town, State)			
Woodlawn Park South		Florida			
22. METHOD OF DEATH (Natural, Accidental, Suicide, Homicide, Other)		23. CAUSE OF DEATH (Part I)			
Natural		Anoxic Esophagectomy			
24. DATE OF DEATH (Month, Day, Year)		25. TIME OF DEATH (Hour, Minute)			
August 22, 2007		1951			
26. SIGNATURE OF DECEASED (Last, First, Middle)		27. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
28. SIGNATURE OF DECEASED (Last, First, Middle)		29. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
30. SIGNATURE OF DECEASED (Last, First, Middle)		31. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
32. SIGNATURE OF DECEASED (Last, First, Middle)		33. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
34. SIGNATURE OF DECEASED (Last, First, Middle)		35. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
36. SIGNATURE OF DECEASED (Last, First, Middle)		37. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
69. SIGNATURE OF DECEASED (Last, First, Middle)		70. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
71. SIGNATURE OF DECEASED (Last, First, Middle)		72. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
72. SIGNATURE OF DECEASED (Last, First, Middle)		73. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
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Garcia		Marianne Thomas			
77. SIGNATURE OF DECEASED (Last, First, Middle)		78. SIGNATURE OF WITNESS (Last, First, Middle)			
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80. SIGNATURE OF DECEASED (Last, First, Middle)		81. SIGNATURE OF WITNESS (Last, First, Middle)			
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81. SIGNATURE OF DECEASED (Last, First, Middle)		82. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
82. SIGNATURE OF DECEASED (Last, First, Middle)		83. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
83. SIGNATURE OF DECEASED (Last, First, Middle)		84. SIGNATURE OF WITNESS (Last, First, Middle)			
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Garcia		Marianne Thomas			
89. SIGNATURE OF DECEASED (Last, First, Middle)		90. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			
90. SIGNATURE OF DECEASED (Last, First, Middle)		91. SIGNATURE OF WITNESS (Last, First, Middle)			
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91. SIGNATURE OF DECEASED (Last, First, Middle)		92. SIGNATURE OF WITNESS (Last, First, Middle)			
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Garcia		Marianne Thomas			
99. SIGNATURE OF DECEASED (Last, First, Middle)		100. SIGNATURE OF WITNESS (Last, First, Middle)			
Garcia		Marianne Thomas			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



WARNING:

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ON FORM 1947 (2004)

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CERTIFICATION OF VITAL RECORD



HEALTH