

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057169

Entity Name: NOVASIC, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

499 E PALMETTO PARK STE 207
BOCA RATON, FL 334325080

New Principal Place of Business:

55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334324093 US

Current Mailing Address:

499 E PALMETTO PARK STE 207
BOCA RATON, FL 334325080

New Mailing Address:

55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334324093 US

FEI Number: 56-2355337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROLMANN, ARIANY C
3853 NW 1ST DRIVE
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TANZI MORELLI, DOMENICO
Address: PASEO CARONI-CC GRAN SABANA PISO 2 STE 95
City-St-Zip: PUERTO ORDAZ VENEZUELA,

Title: VD () Delete
Name: GOLTIPARRA, DOMINGO A
Address: PASEO CARONI- CC GRAN SABANA PISO 2 STE 95
City-St-Zip: PUERTO ORDAZ VENEZUELA,

Title: TD () Delete
Name: BROLMAN, ARIANY C
Address: 3853 NW 1 DR
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIANY C BROLMAN

TR

04/22/2009

Electronic Signature of Signing Officer or Director

Date