

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90219 006 ***150.00

DOCUMENT # P03000085534

1. Entity Name
NOVASTERN, INC.



Principal Place of Business
**5994 CORAL RIDGE DR STE 183
CORAL SPRINGS, FL 33076**

Mailing Address
**5994 CORAL RIDGE DR STE 183
CORAL SPRINGS, FL 33076**

94073945

2. Principal Place of Business
5944 Coral Ridge Dr
Suite, Apt. #, etc.
183

3. Mailing Address
5944 Coral Ridge Dr
Suite, Apt. #, etc.
183



04292004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
061709951

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNGEFUG, CARLOTA I
5994 CORAL RIDGE DR STE 183
CORAL SPRINGS, FL 33076

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **UNGEFUG, CARLOTA I**
STREET ADDRESS **5994 CORAL RIDGE DR STE 183**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HENRIQUEZ, LUIS**
STREET ADDRESS **5994 CORAL RIDGE DR STE 183**
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **CARLOTA UNGEFUG**

4/28/2004 (754) 2551353

Tracking # 400034562174