

2005 FOR PROFIT CORPORATION
ANNUAL REPORT.

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-08-2005 90047 020 ***150.00

DOCUMENT # P04000074574																																																																																																																																			
1. Entity Name NOVA FLORIST, INC.																																																																																																																																			
Principal Place of Business 2705 54TH AVE. N. ST. PETERSBURG, FL 33714			Mailing Address 2705 54TH AVE. N. ST. PETERSBURG, FL 33714																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																
City & State			City & State																																																																																																																																
Zip		Country		Zip																																																																																																																															
6. Name and Address of Current Registered Agent HASTINGS, DAVID C 2207 54TH ST. S. GULFPORT, FL 33707																																																																																																																																			
7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">PVST DIAS, JULIAN I <input type="checkbox"/> Delete</td> <td style="width: 10%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DIAS, JULIAN I</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6177 38TH AVE. 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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: <u>Julian Dias</u> Date _____ Daytime Phone # _____																																																																																																																																			

ATTACHMENT

David C. Hastings, CPA, PA

2207 54th Street South

Gulfport, FL 33707

727-322-0909

Fax 727-322-0520

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July 28, 2005

Division of Corporations

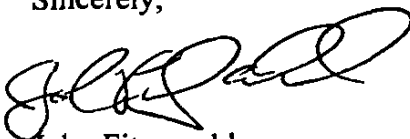
PO Box 6198

Tallahassee, FL 32314

To Whom It May Concern:

Please accept payment of \$150.00 for the annual report. Our client did not receive the original notice. We, as their registered agent never received the original notice. If you have any questions, please contact us at the above telephone number.

Sincerely,



John Fitzgerald
CPA