

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122703

Entity Name: NOVAMETA, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

6995 NORTH WEST 82ND AVENUE, #36
MIAMI, FL 33166

New Principal Place of Business:

6995 NW 82 AVENUE
MIAMI, FL 33166

Current Mailing Address:

6995 NORTH WEST 82ND AVENUE, #36
MIAMI, FL 33166

New Mailing Address:

8201 NW 66 STREET
SUITE 3
MIAMI, FL 33166

FEI Number: 20-1523988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OLIVEIRA, CLAUDIA Z
9531 FOUNTAINEBLEAU BLVD #407
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

DE OLIVEIRA, CLAUDIA Z
6995 NW 82 AVENUE
MIAMI, FL 33166 US

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: CLAUDIA DE OLIVEIRA

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DE OLIVEIRA, CLAUDIA Z
Address: 6995 NORTH WEST 82ND AVENUE, #36
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: DE OLIVEIRA, CLAUDIA Z
Address: 6995 NORTH WEST 82ND AVENUE, #36
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DE OLIVEIRA, CLAUDIA Z
Address: 6995 NW AVENUE #36
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change () Addition
Name: DE OLIVEIRA, CLAUDIA Z
Address: 6995 NW 82ND AVENUE #36
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIA DE OLIVEIRA

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04/27/2005

Electronic Signature of Signing Officer or Director

Date