

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000149530

Entity Name: NOVEAU MED SERVICES, INC.

FILED
Nov 22, 2005
Secretary of State

Current Principal Place of Business:

782 NE LEJEUNE RD SUITE 447
MIAMI, FL 33126

New Principal Place of Business:

111 CURTISS PARKWAY
MIAMI SPRINGS, FL 33166

Current Mailing Address:

782 NE LEJEUNE RD SUITE 447
MIAMI, FL 33126

New Mailing Address:

111 CURTISS PARKWAY
MIAMI SPRINGS, FL 33166

FEI Number: 20-1849989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-OLIVER & MAINIERI PA
782 NE LEJEUNE RD SUITE 447
MIAMI, FL 33126 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LLOYDS, JOHN J
Address: 3115 S.W. 103TH AVE
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: DOMINGUEZ, OSCAR J
Address: 1925 BRICKELL AVENUE, APT. D-1506
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: COLLAZO, BLAS D
Address: 1133 S.W. 23RD AVENUE
City-St-Zip: MIAMI, FL 33135

Title: VP () Delete
Name: HERNANDEZ, ENRIQUE
Address: 10231 N.W. 129TH STREET
City-St-Zip: MIAMI, FL 33018

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:

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

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: JOHN LLOYDS

PD

11/22/2005

Electronic Signature of Signing Officer or Director

Date