


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000161368		
1. Entity Name NOVECENTO GROUP, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 MAY 16 AM 11:49

Principal Place of Business 1101 BRICKELL AVENUE 1102 NORTH TOWER MIAMI, FL 33131 DA	Mailing Address 1101 BRICKELL AVENUE 1102 NORTH TOWER MIAMI, FL 33131 DA
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05102007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1654880	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CETRARO, OSCAR A 15295 S.W. 107TH LANE SUITE 1012 MIAMI, FL 33196	
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7. Name and Address of New Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City Miami, FL Zip Code 33131	
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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 <i>[Signature]</i> <small>Signature: Typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 5-11-07

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GATICO CORP. 1101 BRICKELL AVE, SUITE 1102 NORTH TOWER MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hector Rolotti 1101 Brickell Ave., Ste 1102 No. Tower Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ROLOTTI, PABLO 1101 BRICKELL AVE, SUITE 1102 NORTH TOWER MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400103730134 06/01/07--01052--018 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hector Rolotti D/P	Date 5-11-07	Director Phone # 305 371-5540
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