

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90343 030 ***158.75

DOCUMENT # P05000045597

1. Entity Name

H.R.M EXECUTIVÉ -NOVIAS INTERNACIONAL INC



Principal Place of Business

13506 INLET LANE #301
ORLANDO FL 32874

Mailing Address

13506 INLET LANE #301
ORLANDO FL 32874



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

202585131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MARTINEZ, SANDRA
13506 INLET LANE #301
ORLANDO FL 32824

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

Sandra Martinez

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

Sandra Martinez

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LUIS	
STREET ADDRESS	1430 GLENN WICK DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINEZ, SANDRA	
STREET ADDRESS	13506 INLET LANE APT 301	
CITY-ST-ZIP	ORLANDO FL 32874	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIOS, FELIX	
STREET ADDRESS	4901 DOVER CIRCLE #5	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALEMAN, REENIER	
STREET ADDRESS	1351 GLENN WICK DRIVE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sandra Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06

407-340-5252