

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 016 ***150.00

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|---|----------------------|---|--|--------------------------------------|---------------------|---------------------|--|---|--|---------------|----------------------|
| DOCUMENT # P05000096484 | | | | | | | | | | | |
| 1. Entity Name NOVA MODA, INC. | | | | | | | | | | | |
| Principal Place of Business 8701 SW 141ST STREET APT M-3 MIAMI, FL 33176 | | | Mailing Address 8701 SW 141ST STREET APT M-3 MIAMI, FL 33176 | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box 20051 SW 127 PL | | 3. Mailing Address 20051 SW 127 PL | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | |
| City & State Miami FL | | City & State Miami, FL | | 4. FEI Number 20-3121317 | | | | | | | |
| Zip 33177 | | Country U.S.A. | | Applied For Not Applicable | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ABREU, GUIDO 8701 SW 141ST STREET APT M-3 MIAMI, FL 33176 | | | 7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name ABREU GUIDO</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 20051 SW 127 PL</td> </tr> <tr> <td style="padding: 2px;">City Miami</td> <td style="padding: 2px;">Zip Code FL 33177</td> </tr> </table> | | | Name ABREU GUIDO | | Street Address (P.O. Box Number is Not Acceptable) 20051 SW 127 PL | | City Miami | Zip Code FL 33177 |
| Name ABREU GUIDO | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 20051 SW 127 PL | | | | | | | | | | | |
| City Miami | Zip Code FL 33177 | | | | | | | | | | |
| 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> 3/19/07 <small>Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | |
| TITLE PD | NAME ABREU, GUIDO | | TITLE PD | | NAME ABREU GUIDO | | | | | | |
| STREET ADDRESS 8701 SW 141ST STREET APT M-3 | | | STREET ADDRESS 20051 SW 127 PL | | | | | | | | |
| CITY-ST-ZIP MIAMI, FL 33176 | | | CITY-ST-ZIP MIAMI, FL 33177 | | | | | | | | |
| <input type="checkbox"/> Delete | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| <input type="checkbox"/> Delete | | | <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> 3/19/07 786 242 1650 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | |