

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000167212

Entity Name: NOVOANDINA INC.

FILED  
Oct 16, 2006  
Secretary of State

## Current Principal Place of Business:

13954 NW 16TH DR  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

10641 GRAY HAWKS ST  
PLANTATION, FL 33324

## Current Mailing Address:

13954 NW 16TH DR  
PEMBROKE PINES, FL 33028

## New Mailing Address:

10641 GRAY HAWKS ST.  
PLANTATION, FL 33324

FEI Number: 20-4015028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIOS-NOGALES, FABIO  
13954 NW 16TH DR  
PEMBROKE PINES, FL 33028 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: FABIO RIOS NOGALES

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: RIOS-NOGALES, LUIS MD PHD  
Address: 13954 NW 16TH DR  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: BEACH, MARK S  
Address: 22 MOUNTAIN CT  
City-St-Zip: BESMINSTER, NJ 07921

Title: V ( ) Delete  
Name: RIOS-NOGALES, FABIO  
Address: 13954 NW 16TH DR  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: RIOS-NOGALES, LUIS MD PHD  
Address: 10641 GRAY HAWKS ST.  
City-St-Zip: PLANTATION, FL 33324

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 Chapter 119, 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: DR. LUIS RIOS NOGALES

CT

10/16/2006

Electronic Signature of Signing Officer or Director

Date