

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167212

Entity Name: NOVOANDINA INC.

FILED
Jun 07, 2007
Secretary of State

Current Principal Place of Business:

10641 GRAY HAWKS ST
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10641 GRAY HAWKS ST.
PLANTATION, FL 33324

New Mailing Address:

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: _____

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: 10641 GRAY HAWKS ST.
City-St-Zip: PLANTATION, FL 33324

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: 7275 SW 89 ST
City-St-Zip: MIAMI, FL 33156

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

Title: V (X) Change () Addition
Name: RIOS-NOGALES, FABIO
Address: 7275 SW 89 ST
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify 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: LUIS RIOS NOGALES

DT

06/07/2007

Electronic Signature of Signing Officer or Director

Date