


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90023 019 ***150.00

DOCUMENT # P06000070693 1. Entity Name NOVUVISION INC.					
Principal Place of Business 13501 SW 128TH STREET SUITE 112 MIAMI, FL 33186			Mailing Address 13501 SW 128TH STREET SUITE 112 MIAMI, FL 33186		
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		
6. Name and Address of Current Registered Agent YLISASTIGUI, ANGEL A 8912 WEST FLAGLER STREET APT. 110 MIAMI, FL 33174				7. Name and Address of New Registered Agent Name <u>Tania Salcines</u> Street Address (P.O. Box Number is Not Acceptable) <u>13501 SW 128 ST. Ste. 111</u> City <u>Miami</u> FL <u>33186</u>	
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 <u><i>Tania Salcines</i></u> <u>Tania Salcines</u> <u>1/14/2008</u> <small>Signature typed 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, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	P YLISASTIGUI, ANGEL L 13501 SW 128TH STREET #111 MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>Tania Salcines</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/14/2008</u> <u>305.238.9225</u> <small>Date Daytime Phone #</small>		

40004700



01142008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4917854
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required