

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000012526

Entity Name: NOVA VISUAL, INC.

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 US

## **New Mailing Address:**

P.O. BOX 14-0970  
CORAL GABLES, FL 33114 US

FEI Number: 20-8346287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## **Name and Address of Current Registered Agent:**

PRATS FERNANDEZ & CO. PA.  
2121 PONCE DE LEON BLVD  
SUITE 240  
CORAL GABLES, FL 33134 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

## **OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: HAKAK, MOSHE  
Address: P.O. BOX 14-0970  
City-St-Zip: CORAL GABLES, FL 33114 US

I hereby 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 all other like empowered.

SIGNATURE: MOSHE MOSHE

PTSD

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date