

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 034 ***150.00

DOCUMENT # P07000019700

1. Entity Name
NOVA STAR OF DELRAY BEACH, INC



Principal Place of Business
**7751 E COUNTRY CLUB BLVD
BOCA RATON, FL 33487**

Mailing Address
**7751 E COUNTRY CLUB BLVD
BOCA RATON, FL 33487**

40109584



2. Principal Place of Business - No P.O. Box #

200 NE 2 Ave

Suite, Apt. #, etc.

3. Mailing Address

200 NE 2 Ave

Suite, Apt. #, etc.

07032008

Chg-P

CR2E034 (12/06)

City & State

DeLray Beach FL

City & State

DeLray Beach FL

Zip

33444

Country

US

Zip

33444

Country

US

4. FEI Number

20-8444048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOURI, JOSEPH
7751 E COUNTRY CLUB BLVD
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200 NE 2 Ave

City

DeLray Beach

FL

Zip Code

33444

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **BOURI, JOSEPH**
STREET ADDRESS **7751 E COUNTRY CLUB BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **DT** ☐ Delete
NAME **CHAHWAN, MARGUERITE**
STREET ADDRESS **7751 E COUNTRY CLUB BLVD**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-4-08.