

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073470

Entity Name: NOVUS ORSA INC.

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

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

800 SOUTH POINTE DR, UNIT 2102  
MIAMI BEACH, FL 33139

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

1628 JEFFERSON AVENUE  
MIAMI BEACH, FL 33139

## **Current Mailing Address:**

800 SOUTH POINTE DR, UNIT 2102  
MIAMI BEACH, FL 33139

## **New Mailing Address:**

PO BOX 140668  
CORAL GABLES, FL 33114

FEI Number: 27-3299353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
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: D  
Name: KALPAKIAN, MONICA  
Address: 1628 JEFFERSON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

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: MONICA KALPAKIAN

D

02/02/2011

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

\_\_\_\_\_  
Date