2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90071 025 ***150.00

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1. Entity Name
NOVA 1 CORP.

Principal Place of Business	Mailing Address
7211 SW 62 AVE, STE. 120 MIAMI, FL 33143	7211 SW 62 AVE, STE. 120 MIAMI, FL 33143

2. Principal Place of Business	3. Mailing Address
1234 South Dixie Hwy Coral Gables FL 33146 Suite 324	1234 South Dixie Hwy Coral Gables FL 33146 Suite 324
Zip / Country	Zip / Country

01072005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0545373 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISBEIN, RAYMOND 7211 SW 62 AVE, STE. 120 MIAMI, FL 33143	Name: Raymond Weisbein Street / 6885 SW 58 PLACE City SOUTH MIAMI, FL 33143 Zip Code

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] 1/7/05
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 WEISBEIN, RAYMOND 7211 SW 62 AVE, STE. 120 MIAMI, FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1234 S. Dixie Hwy #324 Coral Gables Fl 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WEISBEIN, SELMA 7211 SW 62 AVE, STE. 120 MIAMI, FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1234 S. Dixie Hwy #324 Coral Gables, Fl 33146
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 1/7/05 305-668-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Raymond Weisbein, Pres.