


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 28, 2004 8:00 am**  
**Secretary of State**

09-28-2004 90043 001 \*\*\*\*\*8.75  
09-28-2004 90043 002 \*\*\*550.00

<b>DOCUMENT # P96000004376</b> 1. Entity Name <b>NOVA GESTAO CORP.</b>					
Principal Place of Business <b>6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b>			Mailing Address <b>6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0675889</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>VILLEGAS, FRANCISO J 1069 KENDALL DRIVE SUITE 311 MIAMI, FL 33176</b>			7. Name and Address of New Registered Agent Name <b>PAULO SERGIO ROSA /</b> Street Address (P.O. Box Number is Not Acceptable) <b>2915 SHARER ROAD APT 1626</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32312</b>		
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 _____ DATE <b>09/25/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>P ROSA, PAULO S P 6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ROSA, MARIANGELICA M VP 6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA ROSA, BRUNO B DA 6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA ROSA, PAULO DA 6032 CRYSTAL VIEW DR ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA ROSA, IRENE V DA 6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DA ROSA, CAIO B DA 6032 CRYSTAL VIEW DRIVE ORLANDO, FL 32819</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>09/25/2004 (407) 3450081</b> <small>Date Daytime Phone #</small>		