

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004376

Entity Name: NOVA GESTAO CORP.

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

2421 JACKSON BLUFF RD
APT # 1133 A
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2421 JACKSON BLUFF RD
APT # 1133 A
TALLAHASSEE, FL 32304

New Mailing Address:

2421 JACKSON BLUFF RD
APT # 1133 A
TALLAHASSEE, FL 32304

FEI Number: 65-0675889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSA, PAULO S
2421 JACKSON BLUFF RD
APT # 1133 A
TALLAHASSEE, FL 32304 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSA, PAULO S P
Address: 6032 CRYSTAL VIEW DR
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: ROSA, BRUNO B VP
Address: 6032 CRYSTAL VIEW DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: ROSA, CAIO B VP
Address: 2421 JACKSON BLUFF RD APT 1133 B
City-St-Zip: TALLAHASSEE, FL 32304

Title: DA () Delete
Name: ROSA, IRENE V DA
Address: RUA PARAISO 701
City-St-Zip: SAO CAETANO DO SUL, SP 09581

Title: DA () Delete
Name: ROSA, PAULO DA
Address: RUA PARAISO 701
City-St-Zip: SAO CAETANO DO SUL, SP 09581

Title: MK (X) Delete
Name: ROSA, MARIANGELICA M MK
Address: 6032 CRYSTAL VIEW DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULO SERGIO ROSA

P

01/21/2008

Electronic Signature of Signing Officer or Director

Date