

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90313 022 ***150.00

DOCUMENT # P9600072415

1. Entity Name
NOUVISAGE, INC.



Principal Place of Business Mailing Address
7300 VISTAL MAR STREET **7300 VISTAL MAR STREET**
CORAL GABLES, FL 33143 US **CORAL GABLES, FL 33143 US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CHRISTOPHER CHRISTOFOROU
7300 VISTAL MAR ST
CORAL GABLES, FL 33143



02212005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0696410 Not Applicable

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

7. Name and Address of New Registered Agent

Name **CHRISTOPHER CHRISTOFOROU**
 Street Address (P.O. Box Number is Not Acceptable)
7216 SW 146 St Circle
 City **Miami** State **FL** Zip Code **33158**

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 **3/9/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00

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 | PD CHRISTOFOROU, CHRISTOPHER 7300 VISTAL MAR STREET CORAL GABLES, FL 33143 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHRISTOPHER CHRISTOFOROU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7216 SW 146 St Circle Miami FL 33158 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE **3/9/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR