2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2008 08:00 AN **Secretary of State** DOCUMENT # P97000027675 URBANOVA PROPERTIES, INC. Principal Place of Business Mailing Address 2728 SW 24TH AVE. 2728 SW 24TH AVE. SUITE C SUITE C COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0740573 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUIS, MICHAEL 2728 SW 24TH AVE. SUITE C IN THIS SPACE COCONUT GROVE, FL 33133 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing engelle:Now!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00** * Trust Fund Contribution.** * 10. TITLE LUIS, MIKE A NAME STREET ADDRESS 2728 SW 24TH AVE., SUITE C CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE 01/23/08-80042-025 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 eignature 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: _

CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/08

3058541919

FILED

Daytime Phone #