

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000075054

1. Entity Name
NOVA INVESTMENTS INC.



Principal Place of Business

210 SEAVIEW DRIVE
612
KEY BISCAVNE, FL 33149

Mailing Address

2550 NW 72ND AVE
SUITE 216
MIAMI, FL 33122



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0869263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, KENNETH M CPA
KENNETH M. LANCASTER, CPA, P.A.
50 WEST MASHTA DRIVE #6
KEY BISCAVNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERRERA, JORGE
STREET ADDRESS	210 SEAVIEW DRIVE #612
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	SD
NAME	HERRERA, JORGE
STREET ADDRESS	210 SEVIEW DR, # 612
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	TD
NAME	HERRERA, EDUARDO
STREET ADDRESS	210 SEAVIEW DRIVE #612
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	VPD
NAME	BUENO, MARIA G
STREET ADDRESS	210 SEAVIEW DRIVE #612
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/07-80009-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/07 305-718-4107
Date Daytime Phone #