

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90026 010 ***150.00

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1. Entity Name
NOVA INVESTMENTS INC.



Principal Place of Business
210 SEAVIEW DRIVE
612
KEY BISCAVNE, FL 33149

Mailing Address
8381 SW 124TH AVE
UNIT 101
MIAMI, FL 33183

83331

4001000



01292008 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 ☐ **\$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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERRERA, JORGE
210 SEAVIEW DRIVE #612
KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HERRERA, ADRIANA
210 SEVIEV DR. # 612
KEY BISCAVNE, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HERRERA, EDUARDO
210 SEAVIEW DRIVE #612
KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Daytime Phone #

305-718-4407