


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90043 032 ***158.75

DOCUMENT # P99000045697	
1. Entity Name INOVA BY DESIGN GROUP, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1105 SATINLEAF ST.		3. Mailing Address 1105 SATINLEAF ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State HOLLYWOOD, FL	
Zip 33019	Country BROWARD	Zip 33019	Country BROWARD

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable <input type="checkbox"/>
	7. Name and Address of Current Registered Agent		
	Name GINA WIGODA		
Street Address (P.O. Box Number is Not Acceptable) 9601 COLLINS AVE, # 406			
City BAL HARBOUR FL Zip Code 33154			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GINA WIGODA 9601 Collins Ave, # 406 BAL HARBOUR, FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President STEPHANIE SELECHNIK 1105 SATINLEAF ST. HOLLYWOOD, FL 33019	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)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gina Wigoda* Jan 29, 03 305 868 7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)