

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S25597

FILED
Apr 13, 2005
Secretary of State

Entity Name: NOVA SURVEYOR, INC.

Current Principal Place of Business:

5582 N.W. 7 STREET
SUITE 202
MIAMI, FL 33126

New Principal Place of Business:

2655 S. LEJEUNE ROAD
SUITE 804
CORAL GABLES, FL 33134

Current Mailing Address:

2655 LEJEUNE ROAD
SUITE 804
CORAL GABLES, FL 33134

New Mailing Address:

2655 S. LEJEUNE ROAD
SUITE 804
CORAL GABLES, FL 33134

FEI Number: 65-0234942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATES, LESTER G ESQ.
2655 LEJEUNE ROAD
SUITE #804
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KATES, LESTER G ESQ.
2655 S. LEJEUNE ROAD
SUITE #804
CORAL GABLES, FL 33134 US

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.

SIGNATURE: LESTER G. KATES, ESQ.

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IBARRA, JOHN A
Address: 5582 NW 7TH STREET STE 202
City-St-Zip: MIAMI, FL 33126

Title: STD () Delete
Name: IBARRA, ROBERT,
Address: 5582 NW 7TH STREET STE 202
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: IBARRA, GEORGE
Address: 5582 NW 7TH STREET, SUITE 202
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IBARRA, JOHN A
Address: 5582 NW 7 STREET STE 202
City-St-Zip: MIAMI, FL 33126

Title: STD (X) Change () Addition
Name: IBARRA, ROBERT,
Address: 5582 NW 7 STREET STE 202
City-St-Zip: MIAMI, FL 33126

Title: VD (X) Change () Addition
Name: IBARRA, GEORGE
Address: 5582 NW 7 STREET, SUITE 202
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. IBARRA

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date