

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 374132

**Entity Name:** G.J. NOVOA, INC.

**Current Principal Place of Business:**

10720 WEST FLAGLER STREET  
SUITE #17  
MIAMI, FL 33174

**Current Mailing Address:**

PO BOX 431521  
MIAMI, FL 33243-1521 US

**FEI Number:** 59-1312602

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NOVOA, ANGELA E  
10720 W. FLAGLER ST.,  
SUITE 17  
MIAMI, FL 33174 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NOVOA, ALEX  
Address 6250 CHAPMAN FIELD DRIVE  
City-State-Zip: MIAMI FL 33156

Title D  
Name NOVOA, ANGELA E  
Address 731 CALATRAVA AVE  
City-State-Zip: CORAL GABLES FL 33143

Title T  
Name NOVOA, ANGELA E  
Address 731 CALATRAVA AVE  
City-State-Zip: CORAL GABLES FL 33143

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANGELA E. NOVOA

**REGISTERED AGENT**

**04/08/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date