

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90140 044 ***158.75



DOCUMENT # F75802
 1. Entity Name
NAPOF SCIENTIFIC CORPORATION

Principal Place of Business Mailing Address
~~15236 SW 68TH ST~~ ~~15236 SW 68TH ST~~
~~MIAMI, FL 33193~~ ~~MIAMI, FL 33193~~

40040010



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 8885 S.W. 27th St. 8885 S.W. 27th St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State Miami, Florida City & State Miami, Florida

4. FEI Number 59-2182718 Applied For Not Applicable

Zip Country 33165 Miami-Dade Zip Country 33165 Miami-Dade

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NAVARRO, SINIVARDO
~~15236 SW 68TH ST~~
~~MIAMI, FL 33193~~

7. Name and Address of New Registered Agent
 Name **Sinivardo Navarro**
 Street Address (P.O. Box Number is Not Acceptable) **8885 S.W. 27th St.**
 City **Miami** **FL** Zip Code **33165**

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]* **SINIVARDO NAVARRO 03-15-07**
Signature, typed or printed name of registered agent and the date (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **NAVARRO, SINIVARDO**
 STREET ADDRESS ~~15236 SW 68TH ST~~
 CITY-ST-ZIP ~~MIAMI, FL 33193~~

TITLE **PD** Change Addition
 NAME **Sinivardo Navarro**
 STREET ADDRESS **8885 S.W. 27th St.**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE **STD** Delete
 NAME **TORO, SCARLET**
 STREET ADDRESS ~~15236 SW 68TH ST~~
 CITY-ST-ZIP ~~MIAMI, FL 33193~~

TITLE **STD** Change Addition
 NAME **Scarlet Toro**
 STREET ADDRESS **8885 S.W. 27th St.**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]* **SINIVARDO NAVARRO 03-15-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #