


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90147 020 ***158.75


DOCUMENT # F75802
 1. Entity Name
NAPOF SCIENTIFIC CORPORATION



Principal Place of Business Mailing Address
~~8885 SW 27TH ST~~ ~~8885 SW 27TH ST~~
~~MIAMI FL 33165~~ ~~MIAMI FL 33165~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2502 SW 89 Ave. **2502 SW 89 Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida **Miami, Florida**
 Zip Country Zip Country
33165 **Miami-Dade** **33165** **Miami-Dade**



1st MOORE CR2E034 (10/07)

4. FEI Number **59-2182718** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~NAVARRO, SINIVARDO~~
~~8885 SW 27TH ST~~
~~MIAMI FL 33165~~

7. Name and Address of New Registered Agent
 Name **NAVARRO, SINIVARDO**
 Street Address (P.O. Box Number is Not Acceptable)
2502 SW 89 Ave.
 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]* **04-10-08**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NAVARRO, SINIVARDO	
STREET ADDRESS	8885 SW 27TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TORO, SCARLET	
STREET ADDRESS	8885 SW 27TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, SINIVARDO	
STREET ADDRESS	2502 SW 89 Ave.	
CITY-ST-ZIP	Miami, FL 33165	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORO, SCARLET	
STREET ADDRESS	2502 SW 89 Ave.	
CITY-ST-ZIP	Miami, FL 33165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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** **04-10-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #