

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 009 ***158.75

DOCUMENT # **F75802**

1. Entity Name
NAPOF SCIENTIFIC CORPORATION

Principal Place of Business
~~1704 W. FLAGLER ST.~~
~~SUITE 7~~
~~MIAMI FL 33135~~

Mailing Address
PO SINIVARDO NAVARRO
~~1704 W. FLAGLER ST.~~
~~SUITE 7~~
~~MIAMI FL 33135~~

2. Principal Place of Business
8885 S.W. 27TH ST.
 Suite, Apt. #, etc.

3. Mailing Address
8885 S.W. 27TH ST.
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number **59-2182718**

Applied For
 Not Applicable

Zip **33165** Country **MIAMI-DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, SINIVARDO
~~1704 W FLAGLER ST~~
~~#7~~
~~MIAMI FL 33135~~

Name
 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.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD NAVARRO, SINIVARDO**
 STREET ADDRESS ~~1704 W FLAGLER ST #7~~
 CITY-ST-ZIP ~~MIAMI FL 33135~~

TITLE Change Addition
 NAME
 STREET ADDRESS **8885 S.W. 27TH ST.**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE Delete
 NAME **STD TORO, SCARLET**
 STREET ADDRESS ~~1704 W FLAGLER ST #7~~
 CITY-ST-ZIP ~~MIAMI FL 33135~~

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2003 305-553-8763
 Date Date/Time Phone #

CR2E034 (9/01)