

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073236

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** ROBERT NAVA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

13730 BISCAYNE BLVD  
N. MIAMI, FL 33181 US

**New Principal Place of Business:**

**Current Mailing Address:**

13730 BISCAYNE BLVD  
N MIAMI, FL 33181 US

**New Mailing Address:**

**FEI Number:** 65-0541921

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HCRM CORP.  
2200 CORPORATE BLVD., N.W.  
SUITE 401  
BOCA RATON, FL 33431 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NAVA, ROBERT  
Address: 13730 BISCAYNE BLVD  
City-St-Zip: N MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ROBERT NAVA

D

04/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date