

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000048038

Entity Name: LA NAVS, INC**Current Principal Place of Business:**4927 NW 48 AVE
TAMARAC, FL 33319**Current Mailing Address:**4927 NW 48 AVE
TAMARAC, FL 33319 US**FEI Number:** 81-2899096**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAILEY, NARVINE
4927 NW 48 AVE
TAMARAC, FL 33319 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	P
Name	BAILEY, NARVINE
Address	4927 NW 48 AVE
City-State-Zip:	TAMARAC FL 33319

Title	SECRETARY
Name	SCHENCK, THOMAS
Address	210 5TH AVE S 408
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	D
Name	SCHENCK, RACINE
Address	210 5TH AVE S 408
City-State-Zip:	SAINT PETERSBURG FL 33701

Title	VP
Name	BAILEY, GRANVILLE
Address	3001 NW 4TH TER UNIT 148
City-State-Zip:	POMPANO BEACH FL 33064

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: BAILEY, NARVINE

P

03/22/2023

Electronic Signature of Signing Officer/Director Detail_____
Date