

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 405903

**FILED  
Apr 07, 2009  
Secretary of State**

**Entity Name:** NAVE INVESTMENT CORP

**Current Principal Place of Business:**

7869 N.W. 57TH STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-3933  
CORAL GABLES, FL 331143933 US

**New Mailing Address:**

**FEI Number:** 59-1686865      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROS, ROBERT O  
7869 N.W. 57TH STREET  
MIAMI, FL 33166 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: PT ( ) Delete  
Name: ROS, ROBERT O  
Address: 7869 NW 57 ST.  
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete  
Name: ROS, ROBERT O  
Address: 7869 57TH ST  
City-St-Zip: MIAMI, FL 33166

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 O. ROS

PT

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date