

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90014 040 ***150.00

DOCUMENT # 546844

1. Entity Name

NAVARRE MANOR INC.



Principal Place of Business

260 NAVARRE
CORAL GABLES FL 33134

Mailing Address

6851 S.W. 128 STREET
PINECREST FL 33156

2. Principal Place of Business

260 NAVARRE

3. Mailing Address

Suite, Apt. #, etc. SAME AS ABOVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

City & State

PINECREST FL

Zip 33134

Country

USA

Zip

33156

Country

USA

4. FEI Number

59-1762897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORLANDO, DOMINICK D.
6851 SW 128 ST.
MIAMI FL 33151

PINECREST, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ORLANDO, DAN
STREET ADDRESS 6851 SW 128 ST.
CITY-ST-ZIP MIAMI FL 33156 PINECREST, FL

TITLE VP ☐ Delete
NAME POLDI, ORLANDO
STREET ADDRESS 6851 SW 128 ST
CITY-ST-ZIP MIAMI FL 33156 PINECREST, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40006997



1st MOORE

CR2E034 (10/04)

1/18/05 3054464949