2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90279 025 ***150.00

DOCUMENT # F02000006114 1. Entity Name NAVAJO MANUFACTURING COMPANY					04-30-2004 90279 025 ***150.00			
Principal Place of Business 5330 FOX STREET DENVER, CO 80216-1630		Mailing Address 5330 FOX STREET DENVER, CO 80216-1630				<u> </u>		
2. Principal P	lace of Business	3. Mailing Address C/o Plaine Finns		nis	[]		a: 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012004	Chg-P	CR2E034 (10/03)		
City & State		City & State DENVER CO		4. FEI Numbe 84-0772			pplied For ot Applicable	
Zip	Country	Zip 80216-1630	Country U.S.M.		of Status Desired	S8.75 Ade Fee Require		
ORLANDO, FL 32833					7. Name and Address of New Registered Agent KA GRUNDMEYER (P.O. Box Number is Not Acceptable) BENT TREE DR. #322 DNA BEACH TREE TO REST TO CODE 32114			
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								
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEVY, GORDON 5330 FOX STREET DENVER, CO 802161630	☐ Del¢te	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP RUPP, LARRY 5330 FOX STREET DENVER, CO 802161630	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP	DST LEVY, MARGARET 5330 FOX STREET DENVER, CO 802161630	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, GORDON 5330 FOX STREET DENVER, CO 802161630	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby a indicated of the cor changed	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	h this filing does not quality to s true and accurate and that r lowered to execute this report with all other like empowered	r the exemption stated my signature shall hav as required by Chapt	d in Section 119.07(3)(e the same legal effecter 607, Florida Statute	i), Florida Statutes. t as if made under s; and that my nam	I further certify that the oath; that I am an office e appears in Block 10 c	nformation r or director or Block 11 if	
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING OFFICER	LAR)	RY RUPF	Date 11-26	-04 3032; Daytime Phone #	923090	