2006 FOR PROFIT CORPORATION

SIGNATURE: 5

May 05, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #F75802 05-05-2006 90157 033 ***158.75 NAPOF SCIENTIFIC CORPORATION Principal Place of Business Mailing Address 8885 SW 271H ST. -8885 SW 27TH ST. MIAMI, FL 33165 MIAMIL FL 33165 2. Principal Place of Business 3. Mailing Address 15236 S.W. 15236 S.W. 68 St 68:St Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 CR2E034 (11/05) Chg-P City & State Applied For City & State 4. FEI Number Miami. Florida Miami. Florida 59-2182718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired **3**3193 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAVARRO, SINIVARDO NAVARRO, SINIVARDO Street Address (P.O. Box Number is Not Acceptable) -8885 SW 27TH ST. MIAMI: FL-33165-City Miami 8. The above named entity soprnits this systement 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. 02.01-2006 SIGNATURE Sometime and tale if applicable (NOTE: Registered Agent aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete пπ.Е Change Change ☐ Addition NAVARRO, SINIVARDO NAVARRO, SINIVARDO NAME NAME STREET ADDRESS 8885 SW-27TH ST. STREET ADDRESS 15236 S.W. 68 St. Miami, FL 33193 CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-7IP STD TITLE Delete TITLE Change ■ Addition TORO, SCARLET 15236 S.W. 68 St. NAME TORO, SCARLET NAME 8885 SW 27TH ST. STREET ADDRESS STREET ANDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP Miami, FL 33193 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ₹m F ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI E Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information symbled with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 of 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.

SINIVARDO NAVARRO & OL. 01. 2006.

FILED