

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

|                                                                             |                                                                                   |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # K24503</b><br>1. Entity Name<br>A NAVAS PARTY PRODUCTION INC. |  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br>% JOSE E. NAVARRETE<br>12250 SW 198 ST<br>MIAMI, FL 33177 | Mailing Address<br>% JOSE E. NAVARRETE<br>12250 SW 198 ST<br>MIAMI, FL 33177 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>65-0051561                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

NAVARRETE, JOSE E.  
12250 SW 198 ST  
MIAMI, FL 33177

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|                                                                                     |                                                                                                                        |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                    |                                                               |
|----------------------------------------------------|---------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>NAVARRETE, FRANCISCO A.<br>12250 SW 198 ST<br>MIAMI, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>NAVARRETE, JOSE E.<br>12250 SW 198 ST<br>MIAMI, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                               |

000000096875  
03/26/04-80015-023 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  **3/24/04** **305 232 7499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #