

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # K24503

1. Entity Name
A NAVAS PARTY PRODUCTION INC.



Principal Place of Business

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

Mailing Address

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



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0051561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000916180
05/12/08-80018-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NAVARRETE, FRANCISCO A.
STREET ADDRESS 12250 SW 198 ST
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME NAVARRETE, JOSE E.
STREET ADDRESS 12250 SW 198 ST
CITY-ST-ZIP MIAMI, FL

TITLE TD
NAME GUZMAN, ADA M
STREET ADDRESS 12250 SW 198 STREET
CITY-ST-ZIP MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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

4/19/08

305 232-7499