2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096959

1. Entity Name
NAVASAL INVESTMENTS, LLC

FILED
06 APR 20 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01-20-06 90052 039 $50.00

04112006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
1061 LAVENDER CIR WESTON, FL 33327-2438 US	2800 GLADES CIR STE 121 WESTON, FL 33327--227 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1061 Lavender Circle Suite, Apt. #, etc.
City & State	City & State: Weston Fl.
Zip / Country	Zip: 33327 Country: U.S.A.

4. FEI Number: 20 35 90260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SERVICIOS CONSULARES, LLC 2800 GLADES CIR STE 121 WESTON, FL 33327-2278	Name: Salo Eger Street Address (P.O. Box Number is Not Acceptable): 1061 Lavender Circle City: Weston FL Zip Code: 33327

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: _____ Salo Eger 04/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM EGER, SALO 1061 LAVENDER CIR WESTON, FL 333272438	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GORIN DE EGER, NAVA 1061 LAVENDER CIR WESTON, FL 333272438	☐ 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	04/20	☐ 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 04/11/06 (954) 3850482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Salo Eger