2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000010804

Entity Name: NAVARRO & CO., LLC

Current Principal Place of Business:

7830 W 29 WAY #102
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

7830 W 29 WAY #102
HIALEAH, FL 33018

New Mailing Address:

FEI Number: 51-0621755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAVARRO, OSVALDO R
7830 W 29 WAY #102
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

NAVARRO, HERNAN O
7830 W 29 WAY #102
HIALEAH, FL 33018 US

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.

SIGNATURE: HERNAN O NAVARRO 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: NAVARRO, OSVALDO R
Address: 7830 W 29 WAY #102
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete
Name: NAVARRO, GRACIELA C
Address: 7830 W 29 WAY #102
City-St-Zip: HIALEAH, FL 33018

Title: S (X) Delete
Name: NAVARRO, HERNAN O
Address: 7830 W 29 WAY #102
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: NAVARRO, HERNAN O
Address: 7830 W 29 WAY #102
City-St-Zip: HIALEAH, FL 33018

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HERNAN O. NAVARRO P 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date