

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15342

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: OSVALDO NAVARRO C.P.A. P.A.

## Current Principal Place of Business:

782 NW LE JEUNE RD  
629  
MIAMI, FL 33126

## Current Mailing Address:

782 NW LE JEUNE RD  
629  
MIAMI, FL 33126

## New Principal Place of Business:

782 NW LE JEUNE RD  
4  
MIAMI, FL 33126

## New Mailing Address:

782 NW LE JEUNE RD  
4  
MIAMI, FL 33126

FEI Number: 59-2538793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAVARRO, OSVALDO  
782 NW LEJEUNE RD 629  
MIAMI, FL 331265547 US

## Name and Address of New Registered Agent:

NAVARRO, OSVALDO  
782 NW LEJEUNE RD  
4  
MIAMI, FL 331265547 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: \_\_\_\_\_

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: NAVARRO, OSVALDO  
Address: 782 NW LE JEUNE RD 629  
City-St-Zip: MIAMI, FL 331265547

Title: D ( ) Delete  
Name: NAVARRO, SONIA  
Address: 782 NW LE JEUNE RD. 629  
City-St-Zip: MIAMI, FL 331265547

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: NAVARRO, OSVALDO  
Address: 782 NW LE JEUNE RD #4  
City-St-Zip: MIAMI, FL 331265547

Title: D (X) Change ( ) Addition  
Name: NAVARRO, SONIA  
Address: 782 NW LE JEUNE RD. #4  
City-St-Zip: MIAMI, FL 331265547

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO NAVARRO

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date