


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 021 ***150.00

DOCUMENT # M69357			
1. Entity Name NAVARRO FABRICS, CORP.			
Principal Place of Business 464 WEST 29TH STREET HIALEAH FL 33012		Mailing Address 464 WEST 29TH STREET HIALEAH FL 33012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		782 NW Le Jeune Rd Suite, Apt. #, etc. 629	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
33126-5547	USA		
4. FEI Number 65-0028087		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NAVARRO, RODOLFO 675 S.E. 6TH PLACE HIALEAH FL 33010		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	



MOORE CR2E034 (11/03)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, RODOLFO	NAME	NAVARRO, RODOLFO
STREET ADDRESS	675 S.E. 6TH PLACE	STREET ADDRESS	675 S.E. 6th Place
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DP <input type="checkbox"/> Delete	TITLE	DVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, BARBARA	NAME	NAVARRO, BARBARA
STREET ADDRESS	675 S.E. 6TH PLACE	STREET ADDRESS	675 S.E. 6th Place
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2. 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: Rodolfo Navarro 4-23-04 (305)885-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #