

2005. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M69357

1. Entity Name

NAVARRO FABRICS, CORP.



Principal Place of Business

464 WEST 29TH STREET
HIALEAH FL 33012

Mailing Address

782 NW LE JEUNE RD.
629
MIAMI FL 33126-5547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

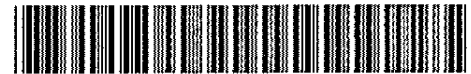
City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number 65-0028087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME NAVARRO, RODOLFO
STREET ADDRESS 675 S.E. 6TH PLACE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME U00000351722
STREET ADDRESS 05/02/05-80158-007 150.00
CITY-ST-ZIP

TITLE DVPS ☐ Delete
NAME NAVARRO, BARBARA
STREET ADDRESS 675 S.E. 6TH PLACE
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #