

2004AR
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 JUL 12 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **200000082697**

1. Entity Name

Naves Y Servicio Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 NW 25th St

3. Mailing Address

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33122

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

MRD

4. FEI Number

65-1036898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Rojo, Luis H

Street Address (P.O. Box Number is not acceptable)
7225 NW 25th Street

Suite, Apt. #, etc.
Ste 300

City

Miami

FL

Zip Code

33122

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

Luis H Rojo

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when certifying

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**P
Rojo, Luis H
7225 NW 25th St. #300
Miami, FL 33122**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**VP
Serna, Maria E.
7225 NW 25th St. #300
Miami, FL 33122**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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NAME

STREET ADDRESS

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria E Serna P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Form #

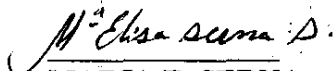
CR2034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 or any other notice from the Division of Corporations in respect with the Corporation **NAVES Y SERVICIO, CORP.**

Thank you for your courtesy in this matter.


MARIA E. SERNA
VICE PRESIDENT