2004AR

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 JUL 12 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000082697

1. Entity Name
Naves Y Servicio Corporation

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE MRS

2. Principal Place of Business
7225 NW 25th St
Suite, Apt. #, etc.
300
City & State
Miami, Fl
Zip 33122 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-1036898
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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
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: L Rojo
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	P
NAME	Rojo, Luis H
STREET ADDRESS	7225 NW 25th St. #300
CITY-ST-ZIP	Miami, FL 33122
TITLE	VP
NAME	Serna, Maria E.
STREET ADDRESS	7225 NW 25th St #300
CITY-ST-ZIP	Miami, Fl 33122
TITLE	
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STREET ADDRESS	
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CR2E034B (12/02)

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: Ma Elisa serna P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.

M. Elisa Serna D.

MARIA E. SERNA
VICE PRESIDENT