

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009967

Entity Name: 2690 CORPORATION

FILED  
Jan 25, 2004  
Secretary of State

## Current Principal Place of Business:

111 CORAL AVENUE  
TAVERNIER, FL 33070

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 9387  
TAVERNIER, FL 33070

## New Mailing Address:

FEI Number: 65-1072694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAVARRO, ARNALDO  
111 CORAL AVENUE  
TAVERNIER, FL 33070

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NAVARRO, ARNALDO  
Address: 111 CORAL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: VD ( ) Delete  
Name: NAVARRO, TERESA  
Address: 111 CORAL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: SD (X) Delete  
Name: NAVARRO, ELOINA  
Address: 111 CORAL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: NAVARRO, TERESA  
Address: 111 CORAL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: VD (X) Change ( ) Addition  
Name: NAVARRO, ELOINA  
Address: 111 CORAL AVENUE  
City-St-Zip: TAVERNIER, FL 33070

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESA NAVARRO

PD

01/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date