

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069553

FILED
Mar 09, 2006
Secretary of State

Entity Name: NAVIN ENTERPRISES, INC.

Current Principal Place of Business:

1702 SOUTH PINE AVE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

1702 SOUTH PINE AVE
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3743613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISLAM, ZUAL M D
2901 SW 41 STREET
APT 107
OCALA, FL 34474 US

Name and Address of New Registered Agent:

ISLAM, ZUAL M D
3322 SW 39TH ST.
OCALA, FL 34474 US

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: MD ZUAL ISLAM

03/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ISLAM, MD ZUAL
Address: 2901 SW 41ST STREET
City-St-Zip: OCALA, FL 34474

Title: VT () Delete
Name: NIHALANI, RAKESH
Address: 4021 N UNIVERSITY DR APT C-101
City-St-Zip: SUNRISE, FL 33351

Title: VM () Delete
Name: PATEL, PARESH
Address: 1537 NE 39TH AVE #C
City-St-Zip: OCALA, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: ISLAM, MD ZUAL
Address: 3322 SW 39TH ST.
City-St-Zip: OCALA, FL 34474

Title: SEC (X) Change () Addition
Name: NIHALANI, RAKESH
Address: 4021 N UNIVERSITY DR APT C-101
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: PATEL, PARESH
Address: 1702 S PINE AVE.
City-St-Zip: OCALA, FL 34474

Title: VP () Change (X) Addition
Name: GAURAV, TALREJA
Address: 4021 N UNIVERSITY DR APT C-101
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MD ZUAL ISLAM

PS

03/09/2006

Electronic Signature of Signing Officer or Director

Date