

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-13-2006 90055 016 *****8.75

04-03-2006 90351 008 ***141.25



1st MOORE CR2E034 (10/05)

DOCUMENT # P01000104327					
1. Entity Name NAVARRO BACKHOE SERVICE, INC.					
Principal Place of Business 4625 SW 139 COURT APT. D MIAMI FL 33175 US			Mailing Address 4625 SW 139 COURT APT. D MIAMI FL 33175 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1149129	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAVARRO, ANGEL 4225 S.W. 139TH COURT APT. D MIAMI FL 33175			7. Name and Address of New Registered Agent		
			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 <i>Angel M. Navarro</i>				DATE 2/27/06	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when removing.)	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD		TITLE		
NAME	NAVARRO, ANGEL		NAME		
STREET ADDRESS	4225 S.W. 139TH COURT APT. D		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33175		CITY- ST- ZIP		
	☐ Delete			☐ Change ☐ Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
	☐ Delete			☐ Change ☐ Addition	
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CITY- ST- ZIP			CITY- ST- ZIP		
	☐ Delete			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Angel M. Navarro</i>				DATE 2/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	