## 2007 FOR PROFIT CORPORATION

## FILED Apr 23, 2007 8:00 am Secretary of State

2007 1	ANNUAL REPORT	
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DOCUMENT # P01000107027  1. Entity Name NAVIMO USA, INC.						<b>,</b>	04-23-2007 9	-				
Principal Place of Business 7455 16TH STREET E SUITE 107 SARASOTA, FL 34234			Mailing Address 7455 16TH STREET E SUITE 107 SARASOTA, FL 34234									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04062007	Chg-P	CR2E	034 (12/06)			
City & State		City & State				4. FEI Numb 65-115			<del></del>	plied For t Applicable		
Zip		Country	Zip Coun		ountry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current F	Registered Agen	t	Nama	7. Name and Address of New Registered Agent						
JACOBSON, RICHARD A 501 EAST KENNEDY BLVD SUITE 1700 TAMPA, FL 33602			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_	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Regis	stered Agent signate	ne required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AND D	DIRECTORS		11.		ADDITIONS	/CHANGES TO OFF	ICERS ANI	DIRECTORS	3 IN 11	
TITLE	PTD	TEVEN E			TITLE NAME					☐ Change	Addition	
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TITLE	AS			20.2.0	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	l	ON, RICHARD A NNEDY BLVD #1700			NAME Street address							
CITY-ST-ZIP		L 336025			CITY+ST-ZIP							
TITLE					TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAME STREET ADDRESS							
CITY-\$T-ZiP					CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver 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:  Richard A. Jacobson, Assistant Secretary  4/16/07												
SIGNAL	OUE: -	SIGNATURE AND TYPED OR P				11001	LOCANT D	Date		4/10/U. Daytime Phone ≢		