

2007 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2007 90001 042 ***150.00

FILED P02000117709
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 OCT 29 PM 12:47

DOCUMENT # P02000117709

1. Entity Name
NAVARRO PAINTING & SERVICES, INC.



Principal Place of Business
14700 NE 4TH AVE
N MIAMI, FL 33161

Mailing Address
14700 NE 4TH AVE
N MIAMI, FL 33161

40121100



06072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3762124

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAVARRO, OSCAR A
14700 NE 4TH AVE
N MIAMI, FL 33161

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 and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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 PD ☐ Delete
NAME NAVARRO, OSCAR A
STREET ADDRESS 14700 NE 4TH AVE
CITY- ST- ZIP N MIAMI, FL 33161

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

B 10/31/07
REINSTATEMENT

The report was return within 30 day time frame of previous letter.