

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

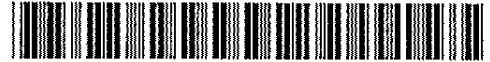
DOCUMENT # P03000003386

1. Entity Name
NAVRD INVESTMENTS, CORP.



Principal Place of Business
2363 WESTMINSTER TERRACE
OVIEDO, FL 32765

Mailing Address
2363 WESTMINSTER TERRACE
OVIEDO, FL 32765



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0813910

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NAVARRO, HECTOR
2363 WESTMINSTER TERRACE
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000211307
02/02/05-80111-011 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NAVARRO, HECTOR
STREET ADDRESS 2363 WESTMINSTER TERRACE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE STD
NAME NAVARRO, CRISTINA
STREET ADDRESS 2363 WESTMINSTER TERRACE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 31, 2005 407-365-7742