2007 FOR PROFIT CORPORATION

ANNUAL REPORT



NAVROD INVESTMENTS, CORP.

DOCUMENT # P03000003386

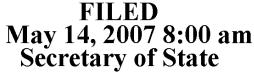
Principal Place of Business 2363 WESTMINSTER TERRACE

OVIEDO, FL 32765

Mailing Address

2363 WESTMINSTER TERRACE OVIEDO, FL 32765

40110.



05-14-2007 90098 029 ***158.75

72007	Chg-P	CR2E034 (12/06)	

2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 050 Applied For 4. FEI Number City & State City & State 55-0813910 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAVARRO, HECTOR -Street Address (P.O. Box Number is Not Acceptable) 2363 WESTMINSTER TERRACE OVIEDO, FL 32765 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 4, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PO ☐ Change Addition ☐ Delete TITLE NAVARRO, HECTOR 2363 WESTMINSTER TERRACE STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 STD ☐ Delete TITLE ☐ Change Addition TITLE NAVARRO, CRISTINA STREET ADDRESS 2363 WESTMINSTER TERRACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 trusted 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 attackment with an addirect, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #