2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

P03000056494

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 13 AM 11:08

1st MOORE CR2E034 (10/04)

DOCUMENT # P03000056494

1. Entity Name

LUIS F. NAVARRO, P.A.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR 400 MIAMI FL 33133	2601 S. BAYSHORE DR 400 MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
2800 Ponce de leon Blvd	
Suite, Apt. #, etc. 1160	Suite, Apt. #, etc. SAME
City & State Coral Gables, Fl	City & State
Zip 33134 Country Miami-Dade	Zip Country

4. FEI Number 04-3758677 ☐ Applied For ☐ Not Applicable

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, MARLEY & SPIEGELMAN, PL~~ 2601 S. BAYSHORE DRIVE SUTIE 40 MIAMI FL 33133	Name NAVARRO & Associates, P.L. Street Address (P.O. Box Number is Not Acceptable) 2800 Ponce de leon Blvd City Coral Gables FL Zip Code 33134

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] 4/21/05

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~~
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD NAVARRO, LUIS F ESQ. 10481 SW 56TH TERRACE MIAMI FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PSTD~~ ~~NAVARRO, LUIS F. Esq.~~ ~~2800 Ponce de leon Blvd~~ ~~Coral Gables, Fl 33134~~ ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400049579864 04/01/05--01063--002 **200.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 3/21/05 305-609-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #