


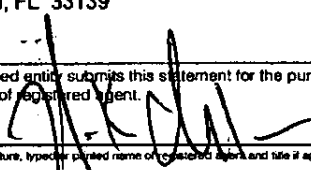
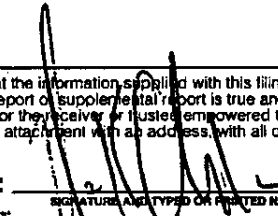
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

07-27-2004 90084 001 ***150.00
07-27-2004 90084 002 *****8.75

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| | | | |
|---|--|--|---|
| DOCUMENT # P03000058682 | |  | |
| 1. Entity Name NAVIN CHATANI ENTERPRISES, INC. | | | |
| Principal Place of Business 1401 BAY ROAD 507 MIAMI BEACH, FL 33139 | | Mailing Address 1401 BAY ROAD 507 MIAMI BEACH, FL 33139 | |
| 2. Principal Place of Business 401 West 30th Street | | 3. Mailing Address 401 West 30th Street | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami Beach, FL | | City & State Miami Beach, FL | |
| Zip 33140 | Country USA | Zip 33140 | Country USA |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 4. FEI Number 20-0024641 | |
| Applied For | | Not Applicable | |
| 6. Name and Address of Current Registered Agent CHATANI, NAVIN K 1401 BAY ROAD 507 MIAMI BEACH, FL 33139 | | 7. Name and Address of New Registered Agent Name NAVIN CHATANI ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 401 West 30th St City Miami Beach FL 33140 | |
| 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  DATE July 19, 2004 <small>Signature, type or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHATANI, NAVIN 1401 BAY ROAD, SUITE 507 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | Date July 19, 2004 305-724-8927 Daytime Phone # | |