2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000058976

Name:

Address:

City-St-Zip:

NAVARRO, SEBASTIAN R

VIRREY LORETO 1520 7 D

CIUDAD AUTONOMA DE BUENOS AI, 1426

FILED Nov 01, 2005 Secretary of State

Entity Nam	ie: NAVAR	RO HOLDING, CORP.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
16300 NE 19TH AVENUE SUITE C NORTH MIAMI BEACH, FL 33162					
Current Ma	ailing Addre	ess:	New Mailing Add	New Mailing Address:	
16300 NE 19TH AVENUE SUITE C					
NORTH MI	AMI BEACH	, FL 33162			
FEI Number:	05-0571194	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
RUBINSTEIN, SEBASTIAN 16300 NE 19TH AVENUE SUITE C NORTH MIAMI BEACH, FL 33162 US			16300 NE 19TH AV SUITE C	NAVARRO, SEBASTIAN R 16300 NE 19TH AVENUE SUITE C NORTH MIAMI BEACH, FL 33162 US	
The above in the State		submits this statement for th	e purpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: SEBASTIAN NAVARRO				11/01/2005	
	Electro	onic Signature of Registered	Agent	Date	
		93(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	I not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCOFFIELD,) Delete FEDERICO PENA 434, 12 CAPITAL FEDERAL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NAVARRO, L	STREET, APT. 1-A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VSD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SEBASTIAN NAVARRO **VSD** 11/01/2005