

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058976

FILED
Apr 30, 2008
Secretary of State

Entity Name: NAVARRO HOLDING, CORP.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD, SUITE 319
CORAL GABLES, FL 33134

New Principal Place of Business:

801 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

New Mailing Address:

FEI Number: 05-0571194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, SEBASTIAN R
16300 NE 19TH AVENUE
SUITE C
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCOFFIELD, FEDERICO
Address: RODRIGUEZ PENA 434, 12
City-St-Zip: CAPITAL FEDERAL, BA ARGENTINA

Title: PSD () Delete
Name: NAVARRO, LAURA
Address: 204 WEST 14 STREET, APT. 1-A
City-St-Zip: NEW YORK, NY 10011

Title: VSD (X) Delete
Name: NAVARRO, SEBASTIAN R
Address: VIRREY LORETO 1520 7 D
City-St-Zip: CAPITAL FEDERAL, BA ARGENTINA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NAVARRO, LAURA
Address: 1000 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VSD (X) Change () Addition
Name: NAVARRO, SEBASTIAN
Address: BARRIO SANTA ROSA S/N
City-St-Zip: TINOGASTA, CATAMARCA, CA K5341 AR

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LAURA NAVARRO

PSD

04/30/2008

Electronic Signature of Signing Officer or Director

Date