


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 30, 2004 8:00 am**  
**Secretary of State**

07-30-2004 90002 034 \*\*\*150.00

<b>DOCUMENT #</b> P03000076244 <b>1. Entity Name</b>  NAVARRO MEDICAL EQUIPMENT, INC.	
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**DO NOT WRITE IN THIS SPACE**

44050640

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 2645 N. Andrews Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2645 N. Andrews Ave Suite, Apt. #, etc.		<b>4. FEI Number</b> 41-2102359 <b>Applied For</b> Not Applicable
<b>City &amp; State</b> Wilton Manors, FL.	<b>City &amp; State</b> Wilton Manors, FL.	<b>Zip</b> 33311 <b>Country</b> USA	<b>Zip</b> 33311 <b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** NAVARRO, MARIA R  
**Street Address (P.O. Box Number is Not Acceptable)**  
2860 NW 198TH STREET  
**City** OPA LOCKA **FL** **Zip Code** 33056

**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**  **NAVARRO, MARIA R** **DATE** 7/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	NAVARRO, MARIA R - President 2860 NW 198TH STREET OPA LOCKA FL 33056	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **President NAVARRO, MARIA** **(954) 567-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

*Attachments*

*44050640*

**NAVARRO MEDICAL EQUIPMENT, INC.**

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2645 N. Andrews Ave  
Wilton Manors, Fl. 33311

**Document Number**  
P03000076244

**FEI Number**  
41-2102359

**Date Filed**  
07/11/2003

Division of Corporations  
**Other Correspondence Address:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

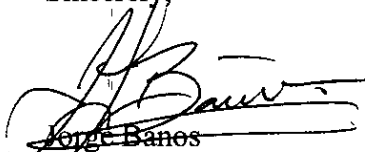
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To who it may concern:

As per our telephone conversation on July 27, 2004, I am submitting this letter along with payment, and the uniform business report. I had not received any information to file because as you can see within the report my corporation address had changed since last year.

As advised by an agent at the Florida Department of State, I ask that you please accept my late filing.

Sincerely,



Jorge Banos

Agent of the President Mrs. Maria Navarro

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