

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2005 8:00 am
Secretary of State

08-02-2005 90036 021 ***150.00

DOCUMENT # P04000021032

1. Entity Name

NAVARRE SLEEP DISORDER GROUP INC.



Principal Place of Business

21205 YACHT CLUB DRIVE
406
AVENTURA FL 33180

Mailing Address

1200 GRAVESSEND NECK RD
3L
BROOKLYN NY 11229



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0676080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OPPENHEIM, KIRA
21205 YACHT CLUB DRIVE
406
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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
P
OPPENHEIM, KIRA
1200 GRAVESSEND NECK RD., APT 3L
BROOKLYN NY 11229 ☐ 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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT



NAVARRE SLEEP
DISORDER GROUP.INC

50059424
#POT 000021032

To whom it may concern,

I, Kira Oppenheim, would like to respond to the notice of intent to dissolve which I received from you recently. I was not familiar with regulations described in the mentioned above notice until I went to your internet website, got telephone number and contacted one of your representative by the name of Gary on July 11, 2005. Mr. Gary explained that by regulations of the state of Florida each corporation has to be renewed/re-registered annually. I made him aware that I never received any applications from Division of Corporation previously. Mr. Gary mailed me new application and suggested to write an explanation letter and include the check for \$150. I followed all the instructions.

If you have any further questions, please, contact me by mail or by the phone 917-553-4040.

Please, take this letter into your consideration.

Sincerely,

Kira Oppenheim

July 26, 2005