

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90316 029 ***150.00

DOCUMENT # P04000029525

1. Entity Name
READYTONAVIGATE, INC.



Principal Place of Business
9559 HARDING AVE
SURFSIDE, FL 33154

Mailing Address
9559 HARDING AVE
SURFSIDE, FL 33154

50044172



2. Principal Place of Business

3. Mailing Address

9500 West Bay Harbor dr.
Suite, Apt. #, etc.
#3-B

9500 West Bay Harbor dr.
Suite, Apt. #, etc.
#3-B

01172005 Chg-P CR2E034 (10/03)

City & State

Bay Harbor Islands, FL
Zip 33154 Country USA

City & State

Bay Harbor Islands, FL
Zip 33154 Country USA

4. FEI Number

20-0793475

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E DANIA BCH BLVD STE 202
DANIA, FL 33004

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete
NAME ELIZABETH STIFTER
STREET ADDRESS 9500 WEST BAY HARBOR DRIVE 3B
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME Stifter, Elizabeth
STREET ADDRESS 9500 West Bay Harbor dr. #3-B
CITY-ST-ZIP Bay Harbor Islands, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Elizabeth Stifter ELIZABETH STIFTER 4/22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #