


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90529 041 ***150.00

DOCUMENT # P04000070544	
1. Entity Name NAVA SERVICES, CORP.	

Principal Place of Business 1740 20TH AVE NE NAPLES, FL 34120	Mailing Address 1740 20TH AVE NE NAPLES, FL 34120
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2. Principal Place of Business 3261 8th Ave SE	3. Mailing Address 3261 8th Ave SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State Naples FL
Zip 34117	Country



02262005 Chg-P CR2E034 (10/03)

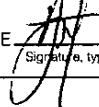
4. FEI Number 20-1117770	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
NAVARRO, ANTONIO M 1740 20TH AVE NE NAPLES, FL 34120	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
3261 8th Ave SE	
City Naples	FL Zip Code 34117

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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	NAVARRO, ANTONIO M
STREET ADDRESS	1740 20TH AVE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	S <input type="checkbox"/> Delete
NAME	BULIT-NAVARRO, ROSA MARIA
STREET ADDRESS	1740 20TH AVE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, ANTONIO M
STREET ADDRESS	3261 8TH AVE SE
CITY-ST-ZIP	NAPLES FL 34120
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULIT-NAVARRO, ROSA MARIA
STREET ADDRESS	3261 8TH AVE SE
CITY-ST-ZIP	NAPLES FL 34120
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 # (239) 353-3648
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