

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021692

Entity Name: NAVARRETE ENTERPRISES, INC

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

2063 WHITEWOOD AVE  
SPRING HILL, FL 34609

## New Principal Place of Business:

5130 ALLIANCE AVE.  
SPRING HILL, FL 34609

## Current Mailing Address:

2063 WHITEWOOD AVE  
SPRING HILL, FL 34609

## New Mailing Address:

5130 ALLIANCE AVE.  
SPRING HILL, FL 34609

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NAVARRETE, LINDA K  
2063 WHITEWOOD AVE  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

NAVARRETE, LINDA K  
5130 ALLIANCE AVE.  
SPRING HILL, FL 34609 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NAVARRETE, LINDA K  
Address: 2063 WHITEWOOD AVE  
City-St-Zip: SPRING HILL, FL 34609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NAVARRETE, LINDA K  
Address: 5130 ALLIANCE AVE.  
City-St-Zip: SPRING HILL, FL 34609

Title: VP ( ) Change (X) Addition  
Name: DAMIAN, NAVARRETE A  
Address: 5130 ALLIANCE AVE.  
City-St-Zip: SPRING HILL, FL 34609

Title: VP ( ) Change (X) Addition  
Name: JASON, NAVARRETE M  
Address: 5130 ALLIANCE AVE.  
City-St-Zip: SPRING HILL, FL 34609

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA K NAVARRETE

Electronic Signature of Signing Officer or Director

P

04/28/2006

Date