

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142469

Entity Name: RG NAVA, INC.

FILED
Jul 12, 2007
Secretary of State

Current Principal Place of Business:

3581 NW 95TH TERRACE
NO. 602
SUNRISE, FL 333516475 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 25395
FORT LAUDERDALE, FL 33320 US

New Mailing Address:

FEI Number: 56-2537169

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVA, RALPH Z PRES.
3581 NW 95TH TERRACE
NO. 602
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NAVA, RALPH Z PRES.
Address: 3581 NW 95TH TERRACE, #602
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: NAVA, GWENDOLYN M SEC.
Address: 3581 NW 95TH TERRACE, #602
City-St-Zip: SUNRISE, FL 33351 US

Title: S () Delete
Name: NAVA, GWENDOLYN M V.P.
Address: 3581 NW 95TH TERRACE, #602
City-St-Zip: SUNRISE, FL 33351 US

Title: T () Delete
Name: NAVA, RALPH Z T
Address: 3581 NW 95TH TERRACE, #602
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: NAVA, RALPH
Address: 3581 NW 95TH TERRACE, #602
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: NAVA, GWENDOLYN M D
Address: 3581 NW 95TH TERRACE, #602
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RALPH Z NAVA

PRES

07/12/2007

Electronic Signature of Signing Officer or Director

Date