


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P05000148932 1. Entity Name NAVAHS DEMMAHOM, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 25 PM 2:48

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4410 NW 36th Street Suite, Apt. #, etc. Suite A-412		3. Mailing Address The same Suite, Apt. #, etc.	
City & State Lauderdale Lakes, FL		City & State	
Zip 33319	Country	Zip	Country
4. FEI Number 22-3917998		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor	
	City Miami	FL Zip Code 33145

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. SPIEGEL & UTRERA, P.A.

SIGNATURE By: Natalia Utrera, Vice President
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD -Mohammed Shavan 4410 NW 36 St., Ste A-412 Lauderdale Lakes, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700073417237 05/01/06--01017--025 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mohammed Shavan Mohammed Shavan 4/21/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #