20



07 FOR PROFIT CORPORATIO ANNUAL REPORT	N	Jul 06, 2007 8:00 am Secretary of State
ENT # P06000081958		02-08-2007 90037 041 ***150.00

DII DD

DOCUM 1. Entity Name NAVARRO BUSINESS OFFICE CORP Principal Place of Business Mailing Address 1170 SW 6TH STREET 1170 SW 6TH STREET 66020094 MIAMI, FL 33130 MIAMI, FL 33130 3. Mailing Address 1170 SW 6 STREET 2. Principal Place of Business - No. P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 06302007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For MIAMI FL MIAMI FL 20-5455607 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33130 USA 33130 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAVARRO, EDITH E 1170 SW 6TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33130 City Zip Code FL 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) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE Change ☐ Addition NAVARRO, EDITH E NAME NAME 1170 SW 6TH. STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

TITLE

NAME

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

C	ı	ഭ	R	J	Δ	т	11	R	F	
v	r	v	Ŧ.	ч	_		v	11	_	•

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

EDITH NAVARRO

Olile Navarre SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

06-30-2007 Date

305-860-6548

☐ Change

☐ Change

☐ Change

Addition

Addition

☐ Addition

Daytime Phone #

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Home

Contact Us

E-Filing Services

Document Searches

Forms

2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropris at the bottom to generate the annual report form.

** This information cannot be changed on the report. **

Document Number

P06000081958

Business Entity Name NAVARRO BUSINESS OFFICE CORP

Original File Date

06/08/2006

FEI Number

Principal Address MIAMI, FL 33130

1170 SW 6TH STREET

Mailing Address

1170 SW 6TH STREET

MIAMI, FL 33130

EDITH E NAVARRO

Registered Agent 1170 SW 6TH STREET

MIAMI, FL 33130 US

Officer/Director Name And Address

EDITH E NAVARRO 1170 SW 6TH, STREET MIAMI, FL 33130

☐ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstant which the entity did not receive prior notice. Please check this box if notice was not received.

Continue

Home Contact us Document Searches E-Filing Services Forms Help Copyright and Privacy Policies Copyright © 2007 State of Florida, Department of State.

ATTACHMENT 66020094

June 30, 2007

Florida Department of State Division of Corporation

Subject: Missing File from Navarro Business Office

Reference Number: P06000081958

Dear Sir:

Enclosed a photocopy of your first answer date Feb.15, 2007. I did file with the mistake of the SS number wrote as FEI.

I did fix the error and send by mail the report with the SS4 number include in the application. The check of fee was #1210 from the Bank of Wachovia.

It surprise me that the document were not received to your office.

Please contact me as soon as possible to my telephone 305-860-6548 if you need any other information.

I thank you for your time,

Very Truly

Edith Navarro

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/8/2007-90037-041-\$150.00-\$150.00

	ANNUAL	REPORT	• • •					
1. Entity Nam	MENT # P06000081	J			ATTACI	HMENT		
Principal Plac	e of Business	Mailing Address	-					
1170 SW 6T	H STREET	1170 SW 6TH STREET		1				
MIAMI, FL 3	3130	MIAMI, FL 33130				ſ		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address			ハコロカの4	L		
	3W6STREET	1170 5006:	strut	1 444	Jacoby	f		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		01192007	Chg-P	CR2E034 (12/06)		
City & State	ami Florida	City & State Mismi FI	33/3/)	4. FEI Numb			pplied For	
Zip -	Country	Zio Zio	Country	20.	545560	S8.75 Add	ot Applicable	
ో 33	130 XISA	233130	LUSA	5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current I			7. Name and	Address of New Reg	gistered Agent		
NAVADBO), EDITH E		Nатте -		7			
	STH STREET		Sireel Add	Iress (P.O. Box Numb	er is Not Acceptable)			
MIAMI, FL								
			City			FL Zip Coot	e	
	named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered agent, or bo	th, in the State of Flori	da. I am famillar with,	and accept	
the obligat	ions of registered agent.	T						
SIGNATURE.								
	Signature, typed or printed name of registered agent a	Ad stie if applicable. (NOTE: R	Registered Agent signature	required when reinstating)	·········	DATE		
	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.0	Selection Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TIFLE	î		Change	Addition	
NAME PROFES ADMICTOR	NAVARRO, EDITH E 1170 SW 6TH. STREET		MAME	·				
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33130		STREET ADORESS CITY-ST-ZDP					
TITLE		☐ Delete	TITLE	<u>·</u>		Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME	1	☐ Delete	TITLE			Change	☐ Addition	
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZP	·	<u> </u>			
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			MAME STREET ADDRESS					
CITY-ST-ZIP			CITY-SI-ZIP					
TITLE		Oelete	TITLE			☐ Change	Addition	
HAME			NAME CTOSET ADMOSES					
STREET ADDRESS			STREET ADDRESS CITY-SI-ZIP					
TILE	<u> </u>	☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edith Manach (EdiTH Navano) 2/4/2007 (305)860.6548								
				•			1	

LIA NAVARRO D/B/A NAVARRO BUSINESS OFFICE

> Florida Department of State

ATTACHMENT

1/6/2007

1210

150.00

106020094 11 po 600008195-8

Wachovia Bank

P0600081958

150.00

EDITH EMELIA NAVARRO D/B/A NAVARRO BUSINESS OFFICE

Florida Department of State

1/6/2007

150.00

Wachovia Bank

P0600081958

150.00

DELLIKE BUSINESS FORMS 1+800-328-0304 www.dehuxeforms.com