

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90064 028 \*\*\*150.00

**DOCUMENT # P93000064508**

1. Entity Name  
**NAVIN CORPORATION**



Principal Place of Business  
**2980 INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114**

Mailing Address  
**2980 INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114**

**40019973**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3201305**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SARAIYA, SWETA M  
2980 INTERNATIONAL SPEEDWAY BLVD.  
DAYTONA BEACH, FL 32114**

**DO NOT WRITE  
IN THIS SPACE**

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 *S. M. Saraiya*

*2-7-05*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing: ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **SARAIYA, SWETA M**  
STREET ADDRESS **105 GOSTIANK DR.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32119**

TITLE **VP**  
NAME **SARAIYA MITAL N.**  
STREET ADDRESS **145 GOSHANK DR**  
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *S. M. Saraiya*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-7-05* *386-586-243*

Date

Daytime Phone #