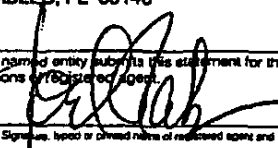
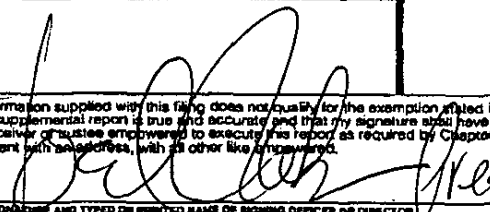


FILED
Mar 31, 2004 8:00 am
Secretary of State

03-04-2004 90002 022 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000054945		
1. Entity Name NAVAJO SANDALS, INCORPORATED		
Principal Place of Business 400A 4306 CANSIN BLVD HALLANDALE, FL 33009 US		Mailing Address 400A 4306 CANSIN BLVD HALLANDALE, FL 33009 US
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent ROBINSON, RAYMOND L 1501 VENERA AVE SUITE 300 CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE
9. 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 the registered agent. SIGNATURE:  Joel Rabin Pres. 3/1/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	RABIN, JOEL M	
STREET ADDRESS	430 CANSIN BLVD	
CITY-STATE-ZIP	HALLANDALE, FL 33009	
TITLE	AS	
NAME	ROBINSON, RAYMOND L	
STREET ADDRESS	1501 VENERA AVE STE 300	
CITY-STATE-ZIP	CORAL GABLES, FL	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, trustee, or assignee 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 an other like assignment.		
SIGNATURE:  Joel Rabin Pres. 3/25/04 954/455-5021 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

00400016

Joel Rabin Pres.



01242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0584429

Applied For
Not Applicable

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