May 25 05 09:27a DANIEL L. DAMMYER

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Sep 08, 2005 8:00 am
Secretary of State
09-08-2005 90072 016 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000022971

1. Entity Name
NAVA 1 CUSTOM CUTTING INC.

Principal Place of Business	Mailing Address
5176 ARBOR GLEN CIR LAKE WORTH, FL 33463	5176 ARBOR GLEN CIR LAKE WORTH, FL 33463

50065785

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt. # etc
City & State	City & State
Zip / Country	Zip / Country

05252005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0566458 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

NAVALANY, MICHAEL
~~4200 S.W. 70TH TERRACE~~ 5176 Arbor Glen Cr.
~~DAVIE, FL 33314~~ Lake Worth FL 33463

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE

FILE NOW!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAVALANY, MICHAEL 5176 ARBOR GLEN CIR LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Mike Navalany Mike Navalany 9/6/05 (561)967-9095 (954)605-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #