

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # **997000028823**

1. Entity Name

NAWY INC.



FILED

2007 SEP -6 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7806 CLOVERFIELD CIR

Suite, Apt. #, etc.

3. Mailing Address

7806 CLOVERFIELD CIR

Suite, Apt. #, etc.

CR2E034B (8/05)

06-07

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0740511

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HARRY ROSS

Street Address (P.O. Box Number is Not Acceptable)

6100 GLADES ROAD

City

BOCA RATON

FL

Zip Code

33434

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
ALBERT NAWY
7806 CLOVERFIELD CIRC.
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**500109213155
09/07/07--01035--018 **300.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VICE PRESIDENT
TAMAR NAWY
7806 CLOVERFIELD CIRC
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT

06-07

TITLE
NAME
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CITY-ST-ZIP

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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:

ALBERT NAWY

8/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Attachment

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2007

NAWY, INC.
7806 COVERFIELD CIRCLE
BOCA RATON, FL 33433

SUBJECT: NAWY, INC.
Ref. Number: P97000028823

We have received your document for NAWY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please be advised the above referenced corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2006 corporate annual report form. Our records indicate the 2006 annual report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee; only the report fees for each year are required to make the corporation active.

The total amount required is \$300.00. Add an additional \$8.75 for each certificate of status requested.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 907A00048950