2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ALC

Secretary of State DOCUMENT # P98000107223 06-02-2008 90007 038 ***158.75 NAVARRO SPECIAL DETAILS COMPANY, INC. Principal Place of Business Mailing Address NAVARRO SPECIAL DEATAILS CO. NAVARRO SPECIAL DEATAILS CO. 40107213 1341 SW 21ST TERR 1341 SW 21ST TERR FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0895937 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAVARRO, SHARRON Street Address (P.O. Box Number is Not Acceptable) 1341 SW 21ST TERR FORT LAUDERDALE, FL 33312 City 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 remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAVARRO, Nicho LAS G. ☐ Addition TITLE ☐ Defete ппе Change NAVARRO, NICHOLAS G 2604 In LET Drive STREET ADDRESS 2225 NE 16TH STREET STREET ADDRESS FT. Landerdake, FL 33316 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP ☐ Delete Change . ☐ Addition NAVARRED, SHArrON NAME **NAVARRO, SHARRON** MAME NAVARIONISTE DRIVE DECY DA LET DRIVE FT. Land Erdahe, FL 33316 STREET ADDRESS 2225 NE 16TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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.

OF SIGHING OFFICER OR DIRECTOR

FILED

Jun 02, 2008 8:00 am