


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P99000035031 1. Entity Name NAV INVESTMENTS, INC. |  |
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| Principal Place of Business 3501 ANCHORAGE WAY COCONUT GROVE, FL 33133 | Mailing Address 3501 ANCHORAGE WAY COCONUT GROVE, FL 33133 |
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| DO NOT WRITE IN THIS SPACE |
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04162008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0913128 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CLEMENS, GRACE 9978 NW 29TH STREET MIAMI, FL 33172 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AGUILERA, NOEL 3501 ANCHORAGE WAY COCONUT GROVE, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD AGUILERA, ELIZABETH 3501 ANCHORAGE WAY MIAMI, FL 33133 |
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05/30/08-80012-023 150.00

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IN THIS SPACE**

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| 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. | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ Daytime Phone # _____ |