

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90023 022 ***150.00

DOCUMENT # P99000097539

1. Entity Name

NAVITAS CORP.



Principal Place of Business

1041 SE 17TH STREET
101
FORT LAUDERDALE FL 33316

Mailing Address

1041 SE 17TH STREET
101
FORT LAUDERDALE FL 33316

2. Principal Place of Business

1429 SE 14th St.
Suite, Apt. #, etc.

3. Mailing Address

1326 SE 17th St.
Suite, Apt. #, etc.

City & State

FORT LAUDERDALE

Zip

33316

Country

USA

City & State

FORT LAUDERDALE

Zip

33316

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0962515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGER, ALEXANDRA
1041 SE 17TH STREET
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

ALLAN E. LAUFER

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

1451 W. CYPRESS CREEK ROAD

SUITE 300

City

FORT LAUDERDALE

FL

Zip Code

33309

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 \$150.00
After May 1, 2004 Fee will be \$550.00
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
P
KUTZ, UWE
DOCKSIDE, CLOISTER DRIVE
NASSAU, BAHAMAS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FREY, WILLY
DOCKSIDE, CLOISTER DRIVE
NASSAU, BAHAMAS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/2004