


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 Mailing Address

1041 SE 17TH STREET 1041 SE 17TH STREET
 101 101
 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316

2. Principal Place of Business 3. Mailing Address

1429 SE 14th St. 1526 SE 17th St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 530

City & State City & State

FORT LAUDERDALE FORT LAUDERDALE
 Zip Zip Country Country
 33316 33316 USA USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For

65-0962515 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 *Allan E. Laufer CPA* DATE 3/25/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	KUTZ, UWE	
STREET ADDRESS	DOCKSIDE, CLOISTER DRIVE	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREY, WILLY	
STREET ADDRESS	DOCKSIDE, CLOISTER DRIVE	
CITY-ST-ZIP	NASSAU, BAHAMAS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* DATE 3/24/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR