


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2007 08:00 AM
Secretary of State

DOCUMENT # V62399 1. Entity Name NAVARRO GROUP LTD. INC.	
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Principal Place of Business 1341 SW 21 TERRACE FORT LAUDERDALE, FL 33312 US	Mailing Address 1341 SW 21ST TERRACE FORT LAUDERDALE, FL 33312 US
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DO NOT WRITE IN THIS SPACE



07302007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0357969	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARRO, SHARRON
1341 SW 21ST TERRACE
FORT LAUDERDALE, FL 33312

**DO NOT WRITE
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

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, NICHOLAS 2225 NE 16 STREET FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NAVARRO, SHARRON 2225 NE 16 STREET FORT LAUDERDALE, FL 33304
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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: Nick Navarro 07/30/07 (954) 581-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #