


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90005 041 \*\*\*150.00

**DOCUMENT # P03000062312**

1. Entity Name  
**THE NATURAL ADVANTAGE, INC.**



Principal Place of Business      Mailing Address

850 IVES DAIRY ROAD, PMB 309      850 IVES DAIRY ROAD, PMB 309  
 NORTH MIAMI BEACH, FL 33179      NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03272003      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**27-0060308**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALMAN, MARTIN H**  
**17290 NE 19TH AVENUE**  
**NORTH MIAMI BEACH, FL 33162**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$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.

**10. OFFICERS AND DIRECTORS**

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PETICCA, ANDREA L	
STREET ADDRESS	850 IVES DAIRY ROAD, PMB 309	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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		
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
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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 Andrea L Peticca      **ANDREA PETICCA**      6/3/04      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment

14023441  
#P03000062312

JUNE 3, 2004

FLA. DEPT. OF STATE

DIV. OF CORPORATIONS

TALLAHASSEE, FL 32302

Re: P03000 62312

UBR - 2004

ENCLOSED IS A 2004 UBR +

A CHECK FOR \$1500. PLEASE ACCEPT

THIS LATE FILING AS TIMELY, SINCE I

DID NOT RECEIVE PRIOR NOTICE. MY MAIL

GOES TO A PRIVATE MAIL BOX STORE

THANK YOU.

Andrea Peticca

ANDREA PETICCA