



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90047 050 ***150.00

DOCUMENT # P00000008655					
1. Entity Name DOCTOR'S NATURAL BLEND, INC.					
Principal Place of Business 4201 PALM AVE. SUITE A HIALEAH, FL 33012			Mailing Address 4201 PALM AVE. SUITE A HIALEAH, FL 33012		
2. Principal Place of Business 2140 W. 68 Street Suite, Apt. #, etc. #201 City & State Hialeah, FL Zip 33016 Country USA		3. Mailing Address 2140 W. 68 Street Suite, Apt. #, etc. #201 City & State Hialeah, FL Zip 33016 Country USA			
02022004 Chg-P CR2E034 (10/03)				4. FEI Number 52-2212793	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOYA, ROBERTO A DR 4201 PALM AVE. SUITE A HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name MOYA, Roberto A., DR. Street Address (P.O. Box Number is Not Acceptable) 2140 W. 68 Street #201 City Hialeah FL Zip Code 33016		
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MOYA, ROBERTO A DR STREET ADDRESS 4201 PALM AVE. SUITE A CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE D NAME MOYA, Roberto A. DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2140 W. 68 Street #201 CITY-ST-ZIP Hialeah, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					