

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90283 022 ***150.00

1. Entity Name P000000 049565 Royal Natural Products, Inc.	
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Principal Place of Business 8983 SW 8 TERR MIAMI, FL 33174	Mailing Address 8983 SW 8 TERR MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1009382	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75
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6. Name and Address of Current Registered Agent

Acosta, Agustin
8983 SW 8th Terrace
Miami, FL 33174

**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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Anas, Arnaldo 8983 SW 8th Terrace Miami, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Acosta, Agustin 8983 SW 8th Terrace Miami, FL 33174
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**DO NOT WRITE
IN THIS SPACE**

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

4-8-04

Date

305-785 6161

Daytime Phone #