

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 10, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P01000006134**

1. Entity Name

**NATSAL GROUP INCORPORATED**



Principal Place of Business

**401 PERUVIAN AVE, STE 301  
PALM BEACH, FL 32480**

Mailing Address

**401 PERUVIAN AVE, STE 301  
PALM BEACH, FL 32480**



02162004

No Chg-P

CR2E034 (10/03)

4. FEI Number

**02-0549156**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MITTICA, SALVATORE  
401 PERUVIAN AVE., UNIT 301  
PALM BEACH, FL 33480-4512**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000083629  
03/10/04-80047-002 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MITTICA, SALVATORE  
401 PERUVIAN AVE, STE 301  
PALM BEACH, FL 32480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MITTICA, MAURIZIO  
401 PERUVIAN AVE, STE 301  
PALM BEACH, FL 32480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Daytime Phone #

**3-7-04**