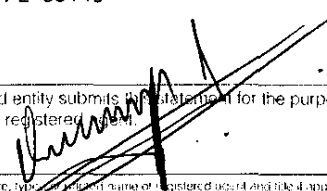
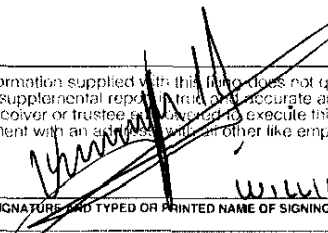


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 010 ***158.75

DOCUMENT # P01000030484 1. Entity Name NATURE INVESTMENTS, INC.					
Principal Place of Business 6065 NW 167TH ST STE B 19 MIAMI, FL 33015			Mailing Address 6065 NW 167TH ST STE B 19 MIAMI, FL 33015		
2. Principal Place of Business 6065 NW 167th ST.		3. Mailing Address 6065 NW 167th ST.			
Suite, Apt. #, etc. STE B-19		Suite, Apt. #, etc. STE. B-19			
City & State MIAMI, FL.		City & State MIAMI, FL.			
Zip 33015		Country U.S.A.		Zip 33015	
Country U.S.A.		Country U.S.A.			
6. Name and Address of Current Registered Agent PITARELLON, WILLIAM A 5600 COLLINS AVE., #104 MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name PITARELLO, WILLIAM A. Street Address (P.O. Box Number is Not Acceptable) 5600 COLLINS AVE. APT. 10Y City MIAMI BEACH FL Zip Code 33140	
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:  DATE: 02/25/04 (Signature, type, or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when transferring.)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME VIDOTTO, DANIEL P STREET ADDRESS 5600 COLLINS AVE., 104 CITY-ST-ZIP MIAMI BEACH, FL 33140	☐ Delete		TITLE PT NAME VIDOTTO, DANIEL P. STREET ADDRESS 5600 COLLINS AVE. APT. 10Y CITY-ST-ZIP MIAMI BEACH, FL. 33140	☒ Change ☐ Addition	
TITLE VS NAME PITARELLO, WILLIAM A STREET ADDRESS 5600 COLLINS AVE., 104 CITY-ST-ZIP MIAMI BEACH, FL 33140	☐ Delete		TITLE VS NAME PITARELLO, WILLIAM A. STREET ADDRESS 5600 COLLINS AVE. APT. 10Y CITY-ST-ZIP MIAMI BEACH, FL. 33140	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 authorized to execute this report as required by Chapter 667, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and an other like empowered.					
SIGNATURE:  WILLIAM A. PITARELLO DATE: 2/25/04 TELEPHONE: (305) 825-5888 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					