

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040676 1. Entity Name: NATSARA CORPORATION					
Principal Place of Business C/O 501 BRICKELL KEY DRIVE SUITE 602 MIAMI, FL 33131			Mailing Address C/O 501 BRICKELL KEY DRIVE SUITE 602 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03122004 Chg-P CR2E034 (10/03)	
4. FEI Number NOT APPLICABLE				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS INC C/O 501 BRICKELL KEY DRIVE SUITE 602 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature is required when filing a change)					
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 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete GANITSKY, ENRIQUE 136 ALMOND AVE LOS ALTOS, CA 94022		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition U000000158104 05/07/04-80008-006 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-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)(c), 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 or 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: <u><i>Enrique Ganitsky</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-20-04 305-375-5181 Date		