


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000073682		
1. Entity Name BOGOTA NATIVE INC.		

Principal Place of Business 1905 WEST FLAGLER ST. MIAMI, FL 33135	Mailing Address 2901 S.W. 8TH STREET, SUITE #104 MIAMI, FL 33135
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01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LUGO JIMENEZ, MARIA ELENA 1905 WEST FLAGLER ST. MIAMI, FL 33135
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**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000189497
01/24/05-80098-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JIMENEZ, MARIA ELENA L 1905 WEST FLAGLER ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINEZ, JOHN HELBERTH 1905 WEST FLAGLER ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, GIOVANNY CARRERA DECIMA #1719 SUR CIUDAD JARDIN BOGOTA COLOMBIA SA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ESTELA, AOMEND BLANCA CARRERA DECIMA #1719 SORCLUED BOGATA, CL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ROBAYO, ANDRES CARRERA DECIMA #1719 SORCLUED BOGOTA, CL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ISMAEL, ROBEYO CARRERA DECIMA #1719 SOCLUDE BOGATA, CL

**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

01 18 05 305 305 2085
Date Daytime Phone #