2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000073682

1. Entity Name
BOGOTA NATIVE INC.

Principal Place of Business	Mailing Address
1905 WEST FLAGLER ST. MIAMI, FL 33135	2901 S.W. 8TH STREET, SUITE #104 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1127250
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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02/28/06-80004-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M Lugo S.O.P. 02 09 06 305 305 20 85
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #