



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04112007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-1127250	
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			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.			DATE 04-11-07		
SIGNATURE <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
FILE NOW!!! FEE IS \$160.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, MARIA ELENA L 1905 WEST FLAGLER ST. MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JOHN HELBERTH 1905 WEST FLAGLER ST MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, GIOVANNY CARRERA DECIMA #1719 SUR CIUDAD JARDIN BOGOTA COLOMBIA SA.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTELA, AOMEND BLANCA CARRERA DECIMA #1719 SORCLUED BOBATA, CL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROBAYO, ANDRES CARRERA DECIMA #1719 SORCLUED BOGOTA, CL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ISMAEL, ROBEYO CARRERA DECIMA #1719 SOCLUDE BOGATA, CL	<input type="checkbox"/> Delete			
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 <i>[Signature]</i> DATE 04-11-07 (305)305-2085		