


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90120 016 ***150.00

DOCUMENT # P01000073682					
1. Entity Name BOGOTA NATIVE INC.					
Principal Place of Business 1905 WEST FLAGLER ST. MIAMI, FL 33135			Mailing Address 2001 S.W. 8TH STREET, SUITE #104 MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 2760 SW 6 ST			3. Mailing Address 2760 SW 6 ST		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL			City & State Miami FL		
Zip 33135		Country U.S.A		4. FEI Number 65-1127250	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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		
			FL Zip Code		
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 <i>[Signature]</i> 04/11/08 <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 \$150.00 After May 1, 2008 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 PD	NAME JIMENEZ, MARIA ELENA		TITLE PD	NAME Maria Helena Logo	
STREET ADDRESS 1905 WEST FLAGLER ST.	CITY - ST - ZIP MIAMI, FL 33135		STREET ADDRESS 1905 WEST FLAGLER ST.	CITY - ST - ZIP 2760 SW 6 ST Miami, FL 33135	
TITLE PD	NAME MARTINEZ, JOHN HELBERTH		TITLE PD	NAME Arnold Martinez	
STREET ADDRESS 1905 WEST FLAGLER ST.	CITY - ST - ZIP MIAMI, FL 33135		STREET ADDRESS 1905 WEST FLAGLER ST.	CITY - ST - ZIP 2760 SW 6th St Miami, FL 33135	
TITLE PD	NAME MARTINEZ, GIOVANNY		TITLE	NAME	
STREET ADDRESS CARRERA DECIMA #1719 SUR CIUDAD JARDIN	CITY - ST - ZIP BOGOTA COLOMBIA SA.		STREET ADDRESS	CITY - ST - ZIP	
TITLE PD	NAME ESTELA DOMENEC BLANCA		TITLE	NAME	
STREET ADDRESS CARRERA DECIMA #1719 BOGOTUE	CITY - ST - ZIP BOGOTA, CL		STREET ADDRESS	CITY - ST - ZIP	
TITLE PD	NAME RODAYO, ANDRES		TITLE	NAME	
STREET ADDRESS CARRERA DECIMA #1719 BOGOTUE	CITY - ST - ZIP BOGOTA, CL		STREET ADDRESS	CITY - ST - ZIP	
TITLE PD	NAME ISMAEL, ROBEYO		TITLE	NAME	
STREET ADDRESS CARRERA DECIMA #1719 BOGOTUE	CITY - ST - ZIP BOGOTA, CL		STREET ADDRESS	CITY - ST - ZIP	
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> 04/11/08 (305) 305-2025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					