2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084587

Entity Name: BIO-NATURAL GLOBAL, INC.

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7109 NW 50TH STREET 9703 NW 37 ST #2061 SUNRISE, FL 33351

MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

7109 NW 50TH STREET P.O. BOX 450522 #2061 SUNRISE, FL 33345

MIAMI, FL 33166

FEI Number: 65-1133859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 TABORDA, ELKIN DE J
 TABORDA, ELKIN DE J

 7109 NW 50TH STREET
 P.O BOX 450522

 #2061
 SUNRISE, FL 33345
 US

MIAMI, FL 33166 US

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.

SIGNATURE: 03/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: TABORDA, ELKIN D Name: TABORDA, ELKIN D

 Name:
 TABORDA, ELKIN D
 Name:
 TABORDA, ELKIN D

 Address:
 7109 NW 50TH STREET
 Address:
 P.O BOX 450522

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 SUNRISE, FL 33345

Title: VP () Delete Title: VP (X) Change () Addition Name: MARTINEZ, LUZ Name: MARTINEZ, LUZ

 Name:
 MARTINEZ, LUZ
 Name:
 MARTINEZ, LUZ

 Address:
 7109 NW 50TH STREET
 Address:
 P.O. BOX 450522

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 SUNRISE, FL 33345

Title: S () Delete Title: S (X) Change () Addition

Name: TABORDA, NURY B
Address: 7109 NW 50TH STREET
Name: TABORDA, NURY B
Address: 3625 COLLEGE AVE. BOX 11

City-St-Zip: MIAMI, FL 33166 City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELKIN D. TABORDA P 03/15/2005