

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084587

Entity Name: BIO-NATURAL GLOBAL, INC.

FILED  
Apr 29, 2006  
Secretary of State

## Current Principal Place of Business:

9703 NW 37 ST  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 450522  
SUNRISE, FL 33345

## New Mailing Address:

FEI Number: 65-1133859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TABORDA, ELKIN DE J  
P.O BOX 450522  
SUNRISE, FL 33345 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TABORDA, ELKIN D  
Address: P.O BOX 450522  
City-St-Zip: SUNRISE, FL 33345

Title: VP ( ) Delete  
Name: MARTINEZ, LUZ  
Address: P.O. BOX 450522  
City-St-Zip: SUNRISE, FL 33345

Title: S ( ) Delete  
Name: TABORDA, NURY B  
Address: 3625 COLLEGE AVE. BOX 11  
City-St-Zip: DAVIE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TABORDA, ELKIN D  
Address: 7609 NW 99TH AVE.  
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change ( ) Addition  
Name: MUNOZ, CONSUELO  
Address: 7609 NW 99TH AVE.  
City-St-Zip: TAMARAC, FL 33321

Title: S (X) Change ( ) Addition  
Name: TABORDA, RAFAEL A  
Address: 7609 NW 99 AVE.  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 TABORDA

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date