

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90174 031 \*\*\*150.00

<b>DOCUMENT # P01000090686</b> 1. Entity Name <b>NATURAL VALUES, INC.</b>			
Principal Place of Business <b>9113 SOUTHWEST 108TH CIRCLE COURT MIAMI, FL 33176</b>		Mailing Address <b>9113 SOUTHWEST 108TH CIRCLE COURT MIAMI, FL 33176</b>	
2. Principal Place of Business <b>540 NW 165th St. Rd. Suite, Apt. #, etc. #305A</b>		3. Mailing Address <b>540 NW 165th St. Rd. Suite, Apt. #, etc. #305A</b>	
City & State <b>North Miami, FL</b>		City & State <b>North Miami, FL</b>	
Zip <b>33169</b>		Zip <b>33169</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-1139344</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PSDT</b>	NAME <b>JACOB, SAMANTHESSA R</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>9113 SOUTHWEST 108TH CIRCLE COURT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>T</b>	NAME <b>JACOB, PARMALYN</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>6990 SW 57TH STREET</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>MIAMI, FL 33143</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b>	NAME <b></b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b>		<b>4-28-05 786-277-8689</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	