2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000111459

1. Entity Name
NATURAL BRIGHT INC.

Principal Place of Business	Mailing Address
11727 SW 110 LN	P.O. BOX 160488
MIAMI, FL 33186	MIAMI, FL 33116

01272005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1153255	Not Applicable

5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, MARIA A
11727 SW 110 LN
MIAMI, FL 33186

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 _____ 1/27/05

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent's signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H00000203457
01/29/05-80031-008 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTANA, MARIA A
STREET ADDRESS	11727 SW 110 LN
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD
NAME	QUINTANA, EDUARDO J
STREET ADDRESS	11727 SW 110 LN
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: _____   1/27/05   305-261-6251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #