

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90373 049 ***150.00

DOCUMENT # P02000015876

1. Entity Name
NATIVE PRODUCT CORP.



Principal Place of Business

4014 NE 5TH AVE
OAKLAND PARK, FL 33334

Mailing Address

4014 NE 5TH AVE
OAKLAND PARK, FL 33334

14004702

2. Principal Place of Business

414 E. SAMPLE RD.
Suite, Apt. #, etc.

3. Mailing Address

414 E. SAMPLE RD.
Suite, Apt. #, etc.

03242004

Chg-P

CR2E034 (10/03)

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

01-0612704

Applied For

Not Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name
LUIS CLAUDIO VERCOSA REBELLO

Street Address (P.O. Box Number is Not Acceptable)

414 E. SAMPLE RD.

POMPANO BEACH

FL

Zip Code
33064

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **VERCOSA REBELLO, LUIS CLAUDIO**
STREET ADDRESS **4014 NE 5TH AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE **VD** ☐ Delete
NAME **VITAL MEIRA, LIGIA MARIA**
STREET ADDRESS **4014 NE 5TH AVE**
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **414 E. SAMPLE RD.**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #