FILED Aug 18, 2003 8:00 am Secretary of State 08-18-2003 90170 018 ***158.75

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000035557 1. Entity Name NATURAL M&X CORPORATION				08-18-2003 901 /0	7016 ***136.73	
	DO NOT WRITE		PACE			
		3. Mailing Address 9607 NW 33 STR	REET			
Suite, Apl. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat		City & State MIAMI. FL	7-	4. FEI Number 03-0433167	Applied For Not Applicable	
Zip . -33172	Country	-331.72	Country	5. Certificate of Status Desired	\$8.75 Additional	
			Name	7. Name and Address of Current Register		
DO NOT WRITE				Name UTRERAS, PEDRO Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				196.45 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
			9607 NW 3		Zip Code	
8. The above	named entil submits this statement to	the purpose of changing it	City MIAMI s registered office or register	red agent, or both, in the State of Florida. Lar	└ 33172	
	tions of registered affect.		,	~	, _	
SIGNATURE // Federal Process / 7EDPO UT RESIS. 08/13/03 SIGNATURE SUB- SIGNATURE SUB- SIGNATURE SUB- SIGNATURE (NOTE Registered Agent algebraic required when repulsely) DATE						
	nua/y 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		:	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check 10.	c Payable to Florida Department of OFFICERS AND					
THLE NAME	UTRERAS, PEDRO		TITLE AT A STATE OF THE STATE O		2/02)	
STREET ADDRESS	9607 NW 33 STREET MIAMI, FL 33172		STREET ADDRESS			
CITY - ST - ZIP	100700172		Gity-St-ZiP		CR2E034B (12/02	
NAME			HAME		8	
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TITLE		<u> </u>	THE CONTRACTOR	IN THIS SPA		
NAME STREET ADDRESS			NAME Virieet adoress			
CITY-ST-ZIP			GITY-ST-ZIP			
TITLE NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
THUE			TILE .			
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied with	this tiling does not quality to	r the exemplion stated in Se	ortion 119 07(3)(i) Florida Statutes Literature	Partity that the inferentiae	
12. I hereby certify that the information supplied with this filing does not qualify for the examplion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with a other trustee empowered.						
18/12/h2						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF AGAINING OFFICER OR DIRECTOR Date Dayland Phone #						





Accounting & Tax Service, Inc.

August 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Natural M&X Corporation

Document no P02000035557

2003 Annual-Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

- 1) Original Corporation Reinstatement Report
- 2) A check payable to the Department of State in the amount of \$158.75

We are respectfully requesting abatement of the penalties since the above corporation had move from the previous address (9020 N.W. 8th Street, Ste 216, Miami, FL 33172) and when it was time to file the report again it did not received the forms.

Please review the above circumstances and abate the penalty of the reinstatement fee as Mr. Utreras acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely now and in the future.

We have thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,

Jose A Torres
Accountant

Pedro Utreras President