


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90012 003 \*\*\*150.00

**DOCUMENT # P02000071414**

1. Entity Name  
**NATALY M. ROJAS CORPORATION**



Principal Place of Business      Mailing Address

~~947 NANDINA DR~~      ~~947 NANDINA DR~~  
~~WESTON, FL 33327~~      ~~WESTON, FL 33327~~

**50058498**



2. Principal Place of Business      3. Mailing Address

**7173 LAKE WORTH RD**      **7173 LAKE WORTH RD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07192005    Chg-P    CR2E034 (10/03)

City & State      City & State

**LAKE WORTH, FL**      **LAKE WORTH, FL**

Zip      Country      Zip      Country

**33414**      **USA**      **33414**      **USA**

4. FEI Number      Applied For

**42-1542134**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROJAS, NATALY M**  
**947 NANDINA DR**  
**WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name      **ROJAS, NATALY M.**

Street Address (P.O. Box Number is Not Acceptable)  
**7173 Lake Worth rd**

City      **LAKE WORTH**      State      **FL**      Zip Code      **33414**

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      *Nataly Rojas*      **PRESIDENT**      **7-25-05**

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ROJAS, NATALY M 947 NANDINA DR WESTON, FL 33327 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, JOSE 947 NAUDINA DR WESTON, FL 33327 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS ROJAS, NATALY M 7173 Lake Worth rd Lake Worth, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, JOSE 7173 Lake Worth rd Lake Worth FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <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.

SIGNATURE:      *Nataly Rojas*      **7-25-05**      **561-357-9286**

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

ATTACHMENT

50058470  
# P02000071414

My Accountant used to take care of  
this but she had a stroke.  
Her name is Lucy Crespo, her ph # is  
954 724 8406 & we did not receive  
any information what so ever.  
Thankyou for your consideration.

Nataly Rojas.

7/25/05

7173 lake Worth rd  
Lake Worth, FL 33414