

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 16 AM 9:46

DOCUMENT # P02000072443

1. Entity Name

Natural World Marketing, Corp.



DO NOT WRITE IN THIS SPACE

900055190059
05/24/05--01045--025 **300.00

2. Principal Place of Business

9797 NW 49 TRR

Suite, Apt. #, etc.

3. Mailing Address

9797 NW 49 TRR

Suite, Apt. #, etc.

REINSTATEMENT 04-05
DO NOT WRITE IN THIS SPACE

City & State

Doral FL

City & State

Doral FL

4. FEI Number

02-0630811

Applied For

Not Applicable

Zip

33178

Country

US

Zip

33178

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KAROL RODRIGUEZ

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

9797 NW 49 TRR

City

Doral

FL

Zip Code

33178

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]

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PR.
NAME	KAROL RODRIGUEZ
STREET ADDRESS	9797 NW 49 TRR
CITY-STATE-ZIP	Doral - FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5-13-05

Date

Telephone #

CR2E0348 (12/02)

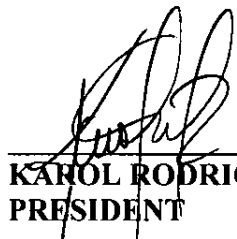
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 or any other notice from the Division of Corporations in respect with the Corporation, **NATURAL WORLD MARKETING, CORP.**

Thank you for your courtesy in this matter.



KAROL RODRIGUEZ
PRESIDENT