## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 06, 2005 8:00 am Secretary of State **DOCUMENT # P02000095059** 05-06-2005 90091 032 \*\*\*150.00 1. Entity Name NATUMAX CORP. Principal Place of Business Mailing Address 16268 S.W. 75TH STREET 16268 S.W. 75TH STREET 50049819 MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 1285556W 3. Mailing Address 136 CT 12855 13661 Suite, Apt. #, etc 05032005 CR2E034 (10/03) Chg-P MIAMI City & State City & State 4. FEI Number Applied For MIAM 82-0560233 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEIJOO, VICTOR Street Address (P.O. Box Number is Not Acceptable) 16268 S.W. 75TH STREET MIAMI, FL 33193 City Zip Code 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 Comment repeatered agent and tide 4 applicable (NOTE: Registered Agent signature required when revisiating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ππε ☐ Delete TITLE ☐ Change Addition FEIJOO, TANIA NAVE NAME SZERCIA I ERRIZ 16268 S.W. 75TH STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33193 CITY-ST-ZP TITLE Delete THE ☐ Change Addition FEIJOO, VICTOR NAME NAME STREET ADORESS 16268 S.W. 75TH STREET STREET ADDRESS CRY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP TITLE ☐ Defete fin F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CRY-ST-ZIP CITY-ST-ZP TITLE Delete Clange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TELE ☐ Change ☐ Accition HANE NAME STREET ADORESS STREET ADDRESS COTY-ST-ZP CITY-ST-Z:P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 outh; 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. 5-3-2065 Date - 2065 SIGNATURE:

**FILED**