## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # P02000099850** 1. Entity Name NATYSAL CORP. Mailing Address Principal Place of Business 4190 LOQUAT AVENUE 4190 LOQUAT AVENUE MIAMI, FL 33133 MIAMI, FL 33133 CR2E034 (10/03) 01132004 No Chg-P DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 55-0796746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SALDARRIAGA, NATALIA DO NOT WRITE 4190 LOQUAT AVENUE IN THIS SPACE MIAMI, FL 33133 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. red agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) Signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SALDARRIAGA, NATALIA 4190 LOQUAT AVENUE STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP U00000134082 IIILE 04/28/04-80005-010 150.D0 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 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 cath; 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 given like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**