

Apr 28 2005 15:00

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May 02, 2005 8:00 am
Secretary of State

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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

20054073



04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000099850					
1. Entity Name NATYSAL CORP.					
Principal Place of Business 4190 LOQUAT AVENUE MIAMI, FL 33133			Mailing Address 4190 LOQUAT AVENUE MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 55-0796746				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALDARRIAGA, NATALIA 4190 LOQUAT AVENUE MIAMI, FL 33133				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking.) DATE _____					
FILE NOW!!! FEE IS \$168.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	☐ Delete				
NAME	SALDARRIAGA, NATALIA				
STREET ADDRESS	4190 LOQUAT AVENUE				
CITY - ST - ZIP	CORAL GABLES, FL 33134				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
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 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: <u>Natalia</u> 04/28/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					