2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90108 049 ***150.00

DOCUMENT # P02000099850

1. Entity Name
NATYSAL CORP.

Principal Place of Business	Mailing Address
4190 LOQUAT AVENUE MIAMI, FL 33133	4190 LOQUAT AVENUE MIAMI, FL 33133

04032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4100 NE 1st Ave	4100 NE 1st Ave
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Miami, FL	City & State: Miami, FL
Zip: 33137 Country:	Zip: 33137 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

SALDARRIAGA, NATALIA
4190 LOQUAT AVENUE
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: Saldarriaga, Natalia
Street Address (P.O. Box Number is Not Acceptable): 4100 NE 1st Ave
Suite 1.
City: Miami FL Zip Code: 33137

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: Natalia [signature] DATE: 04/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALDARRIAGA, NATALIA 4190 LOQUAT AVENUE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Saldarriaga, Natalia 4100 NE 1st Ave, Suite 1 Miami, FL 33137.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Natalia [signature] Date: 04/19/06 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR