2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000099850

NATÝSAL CORP.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4100 NORTHEAST FIRST AVENUE

SUITE 1

MIAMI, FL 33137 US

4100 NORTHEAST FIRST AVENUE

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33137 US



02062007

CR2E034 (11/05)

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 4100 NORTHEAST FIRST AVENUE SUITE 1 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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 tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaigner Trust Fund Contr			_		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALDARRIAGA, NATALIA 4100 NORTHEAST FIRST AVENUE SUITE 1 MIAMI, FL 33137				U00000679493 04/03/07-80040-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN ⁻	THIS SPACE
TITLE						

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 suppliemental 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

NTED NAME OF BIGNING OFFICER OR DIRECTOR