2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128182

Title:

Name: Address:

City-St-Zip:

VΡ

FERREIRO, ROSA

MIAMI, FL 33175 US

4422 SW 127 PL

() Delete

Entity Name: PHARMA-NATURAL INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2431 WEST 80 ST. 2431 WEST 80 ST. **BAY 4-5** BAY 4-5 HIALEAH, FL 33016 HIALEAH, FL 33016 US **Current Mailing Address: New Mailing Address:** 2431 WEST 80 ST. 2431 WEST 80 ST. **BAY 4-5 BAY 4-5** HIALEAH, FL 33016 HIALEAH, FL 33016 US FEI Number: 30-0133262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERREIRO, CARLOS M 2431 WEST 80 ST. **BAY 4-5** HIALEAH, FL 33016 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition FERREIRO, CARLOS FERREIRO, CARLOS M P Name: Name: 4422 SW 129TH PLACE 4422 SW 129TH PLACE Address: Address: City-St-Zip: MIAMI, FL 33175 US City-St-Zip: MIAMI, FL 33175 US Title: Title: () Delete (X) Change () Addition Name: FERREIRO, CAROLINA Name: FERREIRO, CAROLINA 6119 SW 127 CT 12732 SW 60 LN Address: Address: MIAMI, FL 33183 US MIAMI, FL 33183 US City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: FERREIRO, CATHERINA FERREIRO, CATHERINA Name: Name: 4422 SW 127 PL 6119 SW 127 CT Address: Address: City-St-Zip: MIAMI, FL 33175 US City-St-Zip: MIAMI, FL 33183 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: CARLOS M FERREIRO 03/23/2009

() Change () Addition