

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/26/2004-90021-004-\$150.00-\$150.00

10/2

DOCUMENT # P03000019125

1. Entity Name

DE HAVILLAND NATURAL PRODUCTS, INC



FILED

04 OCT 27 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (4/04)

Principal Place of Business

7500 NW 25TH STREET  
#282  
MIAMI FL 33122

Mailing Address

7500 NW 25TH STREET  
#282  
MIAMI FL 33122

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

33-1033037

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLINA, JORGE A

~~7970 NW 36TH ST #312~~  
MIAMI FL ~~33166~~

33122

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	JORGE A. VILLEN A	7500 NW 25 STR #282	MIAMI, FL 33122	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/03

Date

Daytime Phone #



7500 N.W. 25 Street, #282

Miami, Florida 33122

Ph: 305-471-0201

Toll Free: 877-471-0201

Fax: 305-597-0150

E-Mail: [info@dehavillandinc.com](mailto:info@dehavillandinc.com)

[www.dehavillandinc.com](http://www.dehavillandinc.com)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

OCT. 12, 2004

ATTN.: RUBY DUNLAP  
REF: DE HAVILLAND NATURAL PRODUCTS, INC.

DEAR MADAM:

FOR THE LONGEST OF TIME WE HAVE BEEN GOING BACK AN FOR THE ON  
THE MATTER OF THE ANNUAL REGISTRATION OF "DE HAVILLAND  
NATURAL PRODUCTS, INC." IT WAS STATED AT THE BEGINNING THAT IT  
WAS NOT PAID THE \$150.00 ANNUAL FEE; THE CHECK WAS PRODUCED.  
THEN IT WAS REQUESTED THE "FEI NUMBER" WHICH WAS PRODUCED.  
NOW WE HAVE GOTTEN, AT THE SAME TIME, THE DISSOLUTION OF THE  
COMPANY AND THE REQUEST FOR THE OFFICERS OF SAME. WE WOULD  
GREATLY APPRECIATE IT IF YOU CAN RECEIVE THIS DOCUMENT, WITH  
ALL DOCUMENTATION IN ORDER FOR THE COMPANY TO BE RE-OPENED.

I DO HOPE THAT THIS TIME ALL PERTAINING INFORMATION REQUESTED  
WILL BE IN ORDER. PLEASE CONFIRM TO US IN WRITING THAT SUCH IS  
THE CASE.

SINCERELY,  
DE HAVILLAND NATURAL PRODUCTS, INC.

JORGE A. VILLENA