


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000094767  
 1. Entity Name  
 NATALY INTERNATIONAL CORP.



Principal Place of Business      Mailing Address  
 3803 POND APPLE DRIVE      3803 POND APPLE DRIVE  
 WESTON, FL 33332 US      WESTON, FL 33332 US

**DO NOT WRITE IN THIS SPACE**



03102005    No Chg-P    CR2E034 (10/03)

4. FEI Number 68-0564087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TORREZ, WILLIAM E  
 3803 FOUND APPLE DRIVE  
 WESTON, FL 33332

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

1100000265204  
 03/16/05-80045-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TUAREZ, WILLIAM E 3803 POND APPLE DRIVE WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORA BRIONES, ANGELA JANETH 3803 POND APPLE DRIVE WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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, or all other like empowered.

SIGNATURE: *William E. Tuarez*      **William TUAREZ**      **3-15-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #