

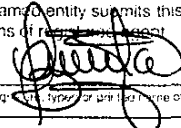
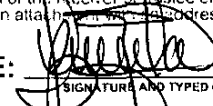


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90027 047 \*\*\*150.00

<b>DOCUMENT # P03000095050</b> 1. Entity Name <b>SOUTH NATURAL, INC.</b>					
Principal Place of Business <b>12223 SW 132ND CT. MIAMI, FL 33186</b>			Mailing Address <b>12223 SW 132ND CT. MIAMI, FL 33186</b>		
2. Principal Place of Business <b>12230 S.W. 132nd CT.</b>		3. Mailing Address <b>12230 S.W. 132nd CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33186</b>		Country <b>US</b>		05102006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>45-0522819</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GARCILAZO, EMPERATRIZ 8209 SW 107 AVE. #D MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name <b>GARCILAZO, EMPERATRIZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>8234 S.W. 103rd AVE</b> City <b>MIAMI</b> FL Zip Code <b>33173</b>			
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:  <b>ALI ZURITA</b> DATE: <b>05/10/06</b>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARCILAZO, EMPERATRIZ</b> <b>8209 SW 107 AVE. #D</b> <b>MIAMI, FL 33173</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARCILAZO, EMPERATRIZ</b> <b>8234 S.W. 103rd AVE</b> <b>MIAMI, FL 33173</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ZURITA, ALI</b> <b>12223 SW 132ND CT.</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ZURITA, ALI</b> <b>8234 S.W. 103rd AVE</b> <b>MIAMI, FL 33173</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered.					
SIGNATURE:  <b>ALI ZURITA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>05/10/06 (305)969-1353</b> <small>Date Daytime Phone #</small>		