


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90012 033 ***150.00

DOCUMENT # P03000110873	
1. Entity Name NATAS ENTERPRISES, INC.	

Principal Place of Business 838 SKY LAKE CIRCLE, APT A ORLANDO, FL 32809	Mailing Address 838 SKY LAKE CIRCLE, APT A ORLANDO, FL 32809
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2. Principal Place of Business - No P.O. Box # 6343 ROYAL OAK DRIVE	3. Mailing Address 6343 ROYAL OAK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32809	Country ORANGE

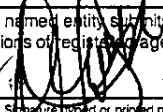
02272007 Chg-P CR2E034 (12/06)

4. FEI Number 57-1188340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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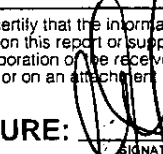
6. Name and Address of Current Registered Agent MOREY, MERCEDES R 838 SKY LAKE CIRCLE, APT A ORLANDO, FL 32809	
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7. Name and Address of New Registered Agent	
Name MOREY MERCEDES R	
Street Address (P.O. Box Number is Not Acceptable) 6343 ROYAL OAK DRIVE	
City ORLANDO	FL Zip Code 32809

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: 3-2-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREY, MERCEDES 838 SKY LAKE CIRCLE, APT A ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREY, MERCEDES 6343 ROYAL OAK DRIVE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEDEZMA, RAMON 838 SKY LAKE CIRCLE, APT A ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEDEZMA RAMON 6343 ROYAL OAK DRIVE ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC LEDEZMA, JOSE A 838 SKY LAKE CIRCLE APT A ORLANDO, FL 32809 <input checked="" 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
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 of 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: 	DATE: 3-2-2007 DAYTIME PHONE: 321-231-8377