
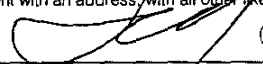


**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90290 045 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000119867</b>			
1. Entity Name <b>NATRUM COMMUNICATIONS, INC.</b>			
Principal Place of Business <b>4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b>		Mailing Address <b>4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b>	
2. Principal Place of Business <b>4445 WEST 16 AVE SUITE 402</b> Suite, Apt. #, etc. <b>Hialeah Florida</b> City & State		3. Mailing Address <b>4445 WEST 16 AVE</b> Suite, Apt. #, etc. <b>Suite #504</b> City & State <b>Hialeah Florida</b>	
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33012</b>	Country <b>USA</b>
4. FEI Number <b>20-0351582</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VALDES, JUAN E 4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ARMENGOL, SALVADOR 4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. ARMENGOL, SALVADOR 4445 WEST 16 AVE SUITE 504 Hialeah Fla 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ARMENGOL, MARIA A 4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T.D ARMENGOL MARIA A 4445 WEST 16 AVE SUITE 504 Hialeah Fla 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PEREZ, JIMMY 4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.D Perez Jimmy 4445 WEST 16 AVE SUITE 504 Hialeah Fla 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MILLES, SANDRA 4160 W. 16TH AVE., SUITE 402 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.D MILLES SANDRA 4445 WEST 16 AVE SUITE 504 Hialeah Fla 33012</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
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 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:  <b>Juan E Valdes authorized Agent 4-21-04 305-205-1582</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			