

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90002 015 ***150.00

DOCUMENT # P03000132540

1. Entity Name

NATURES OWN II B PRODUCTS INC.



Principal Place of Business

4980 N.E. 11TH AVE SUITE
C
OAKLAND PARK FL 33311

Mailing Address

85 GRAND CANAL DRIVE
#207
MIAMI FL 33144

34030431

2. Principal Place of Business

4980 N.E. 11th AVE

3. Mailing Address

P.O. Box 398522

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

OAKLAND PARK - FL

City & State

M. Bch - FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33311

Country

Broward

Zip

33239

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELINI, CHRIS
85 GRAND CANAL DRIVE
#207
MIAMI FL 33144

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.

Chris Angelini (President)

(NOTE: Registered Agent signature required when reinstating)

DATE

JUN 7/04

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.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 P ☐ Delete
NAME ANGELINI, CHRIS
STREET ADDRESS 85 GRAND CANAL DRIVE #207
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Chris Angelini (President)

Date

JUN 7/04

Daytime Phone #

305-752-3930

Attachment

54058431

#P03000132540

TO WHOM IT MAY CONCERN:

WE NEVER RECEIVED
THE CORPORATION RENEWALS
AND HAD BEEN REQUESTING
THEM FOR QUITE SAME TIME.

~~FINALLY THEY CAME AND~~
WE HAVE BEEN TOLD JUST
SEND THE \$150 AND IT
WILL BE SATISFACTORY TO
KEEP OUR CORPORATION
UPDATED.

THANK YOU,

Chris Angelini

