

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90142 001 ***150.00

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08242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000033194 1. Entity Name NATURAL FORCES NUTRIPRODUCTS LAB INC			
Principal Place of Business 3785 NW 82ND AVE STE 102 MIAMI, FL 33166		Mailing Address 3785 NW 82ND AVE STE 102 MIAMI, FL 33166	
2. Principal Place of Business 8180 NW 36 St Suite, Apt. #, etc. 420		3. Mailing Address 8180 NW 36 St Suite, Apt. #, etc. 420	
City & State Miami, FL Zip 33166		City & State Miami, FL Zip 33166	
Country 		Country 	
4. FEI Number 86-1112350		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN, ALBERTO C 3785 NW 82ND AVE STE 102 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Alberto C. Guzman Street Address (P.O. Box Number is Not Acceptable) 8180 NW 36 St No 420 City Miami FL Zip Code 33166	
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: 8/24/2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete GUZMAN, ALBERTO C 1605 OCEOLA ST JOHNSON CITY, TN 37604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D. BURNES GUZMAN 301 Raquet Club Rd Weston, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MESA SANTA MARIA, LUIS F EL RECREO TORE MOBILNET PISO 6 OFF 605 SABANA GRANDE CARCAS VENEZUE,	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 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:		Date: 8/24/2005 Daytime Phone: #	