2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000033194

1. Entity Name
NATURAL FORCES NUTRIPRODUCTS LAB INC

Principal Place of Business	Mailing Address
8180 NW 36 ST 420 MIAMI, FL 33166	8180 NW 36 ST 420 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
86-1112350	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, ALBERTO C
8180 NW 36 ST NO 420
MIAMI, FL 33166

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

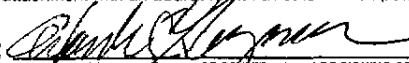| **FILE NOW!!! FEE IS $150.00** **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUZMAN, ALBERTO C
STREET ADDRESS	1605 OCEOLA ST
CITY-ST-ZIP	JOHNSON CITY, TN 37604
TITLE	D
NAME	GUZMAN, DURNES
STREET ADDRESS	301 RAQUETCLUB RD
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80118-004 150.00

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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 with an address, with all other like empowered.

SIGNATURE: _____   4-26-06   305-893-9695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #