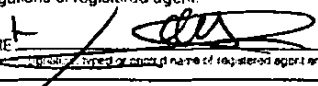


2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2005-90067-031-\$150.00-\$150.00

DOCUMENT # P04000119416 1. Entry Name EVOLUCION NATURAL, INC.						FILED 05 OCT 13 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 313 LAKESIDE COURT SUNRISE, FL 33326 US				Mailing Address 313 LAKESIDE COURT SUNRISE, FL 33326 US			
2. Principal Place of Business		3. Mailing Address		08222005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-1490823		☐ Applied For ☒ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZAMUDIO, ORLANDO 8826 WEST FLAGLER ST. # 208 MIAMI, FL 33174				Name RAFAEL LAINEZ Street Address (P.O. Box Number is Not Acceptable) 313 LAKESIDE CT SUNRISE City FL Zip Code 33326			
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's signature required when re-stating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ZAMUDIO, ORLANDO 8826 WEST FLAGLER ST. # 208 MIAMI, FL 33174 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAINEZ, RAFAEL 313 LAKESIDE COURT SUNRISE, FL 33326 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ZAMUDIO, MIYER 8826 WEST FLAGLER ST. # 208 MIAMI, FL 33174 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR LAINEZ, LUZ M 313 LAKESIDE COURT SUNRISE, FL 33174 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 				9-5-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date During Filing			