

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138367

FILED
May 05, 2005
Secretary of State

Entity Name: NATURA HEALTH SERVICE, INC

Current Principal Place of Business:

10245 SW 154 PLACE
104
MIAMI, FL 33196

New Principal Place of Business:

14554 SW 96 TERRACE
MIAMI, FL 33186

Current Mailing Address:

10245 SW 154 PLACE
104
MIAMI, FL 33196

New Mailing Address:

14554 SW 96 TERRACE
MIAMI, FL 33186

FEI Number: 20-1712990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIN, ROBERTO A
10245 SW 154 PLACE
104
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

SANTIN, ROBERTO A
14554 SW 96 TERRACE
MIAMI, FL 33186 US

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.

SIGNATURE:

05/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANTIN, MARIA A
Address: 10245 SW 154 PLACE #104
City-St-Zip: MIAMI, FL 33196

Title: VP () Delete
Name: SANTIN, ROBERTO A
Address: 10245 SW 154 PLACE #104
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTIN, MARIA A
Address: 14554 SW 96 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change () Addition
Name: SANTIN, ROBERTO A
Address: 14554 SW 96 TERRACE
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO A SANTIN

VP

05/05/2005

Electronic Signature of Signing Officer or Director

Date