2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# P04000151095

Entity Name: CRAF NATURAL VITAMINS, INC.

Current Principal Place of Business:

7350 NW 7TH ST., STE. 113
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7350 NW 7TH ST., STE. 113
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-1841306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ALEJANDRO
7350 NW 7TH ST., STE. 113
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CASTILLO, ORESTE
7350 NW 7TH ST., STE. 113
MIAMI, FL 33126 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: ORESTE CASTILLO 01/07/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FERNANDEZ, ALEJANDRO
Address: 7350 NW 7TH ST., STE. 113
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete
Name: ROSADO, CARLOS
Address: 7350 NW 7TH ST., STE. 113
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete
Name: CASTILLO, ORESTE
Address: 7350 NW 7TH ST., STE. 113
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: VILLEGAS, JULIO F
Address: 7350 NW 7TH ST., STE. 113
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ORESTE CASTILLO TD 01/07/2005
Electronic Signature of Signing Officer or Director Date