2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000026519



FILED May 02, 2008 08:00 AN Secretary of State

Principal Place of Business

5909 FAIR GREEN ROAD WEST PALM BEACH, FL 33417

NATALIE LAND INVESTMENTS, INC.

Mailing Address

5909 FAIR GREEN ROAD WEST PALM BEACH, FL 33417



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 42-1660930 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, RICARDO A 5909 FAIR GREEN ROAD WEST PALM BEACH, FL 33417

| | | | <i>.</i> | IN | I MIS SPAI | JE TARA | |
|---------------------------------------|---|--|---------------------|--------------------------------|------------------------------|---------------------------------------|------------|
| 8. The above the obligat | named entity submits this statement for the pations of registered agent. | urpose of changing its registere | ed office or re | gistered agent, or bot | th, in the State of Florida. | I am familiar with, a | and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if | applicable (NOTE, Registered | t Agent signature r | equired when reinstating) | [| DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - 3 , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUERRA, RICARDO A 5909 FAIR GREEN ROAD WEST PALM BEACH, FL 33417 | | | | 000000946 05/30/08-800 | 495 50-022 150 | 100 |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | D GUERRA, DAMARIS G 5909 FAIR GREEN ROAD WEST PALM BEACH, FL 33417 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRI | TĚ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 3 | THIS SPA | 2E | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | the table | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | | | e në a | Sale control | | | |

12. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR