


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000049554 1. Entity Name NATURAL DOCTOR INC.	
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Principal Place of Business 8600 SW 133 AVENUE SUITE 108 MIAMI, FL 33183	Mailing Address 8600 SW 133 AVENUE SUITE 108 MIAMI, FL 33183
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01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2621317	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CRUZ, LUIS FLORES 8600 SW 133 AVENUE SUITE 221 MIAMI, FL 33183
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	06/03/08-80035-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS FLORES, ENMA V 8600 SW 133 AVENUE SUITE 221 MIAMI, FL 33183
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	President - Emma Flores	1/4/08	(305) 387-6002
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>