

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125993

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** NATURAL FORCES NUTRIPRODUCTS CORP.

**Current Principal Place of Business:**

9500 NW 79 AVE.  
BAY # 4  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

9500 NW 79 AVE.  
BAY # 4  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

**FEI Number:** 20-3469617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESA, LUIS F.  
9500 NW 79 AVE.  
BAY # 4  
HIALEAH GARDENS, FL 33016 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MESA, LUIS F.  
Address: 9500 NW 79 AVE. BAY # 4  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: V  
Name: MESA, LUIS DANIEL  
Address: 9500 NW 79 AVE. BAY # 4  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: T  
Name: MESA, WILL JHANNYS  
Address: 9500 NW 79 AVE. BAY # 4  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: D  
Name: GUERRERO, MARIBY Z.  
Address: 9500 NW 79 AVE. BAY # 4  
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: MARIBY GUERRERO

D

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date