

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000135649

Entity Name: DA NATURAL ROOTS, INC

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1422 COOLIDGE STREET  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

1422 COOLIDGE STREET  
HOLLYWOOD, FL 33020 US

**Current Mailing Address:**

1422 COOLIDGE STREET  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1422 COOLIDGE STREET  
HOLLYWOOD, FL 33020 US

FEI Number: 20-3584193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAHRI, PIERRE  
1422 COOLIDGE STREET  
HOLLYWOOD, FL 33020 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: PVST  
Name: BAHRI, PIERRE  
Address: 1422 COOLIDGE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D  
Name: BAHRI, PIERRE  
Address: 1422 COOLIDGE STREET  
City-St-Zip: HOLLYWOOD, FL 33020

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: PIERRE BAHRI

PVST

04/16/2011

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

\_\_\_\_\_  
Date