2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # P05000136437 1. Entity Name 02-17-2006 90079 044 ***158.75 SANTA NATURALEZA, INC. Principal Place of Business Mailing Address 7770 SW 90TH ST 66005015 7770 SW 90TH ST MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number 360 4 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALARCON, VERONIKA Street Address (P.O. Box Number is Not Acceptable) 7770 SW 90TH ST **MIAMI FL 33156** Zip Code 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, typed or protein name of registered agont and life if applicable (NOTE: Registered Agent Eignature required when revolutions) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 \$5.00 May 8e 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIFLE ☐ Detete TITLE Change Addition NAME ALARCON, VERONIKA NAME STREET ADDRESS 7770 SW 90TH ST, SUITE J-9 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 1 CITY-ST-ZO TITLE ☐ Delete TITLE Addition MAME HANAF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP mit ____Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI S ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THILE Defete DINE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORECTOR



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2006

SANTA NATURALEZA, INC. 7770 SW 90TH ST J-9 MIAMI, FL 33156

Subject: SANTA NATURALEZA, INC.

Reference Number:

P05000136437

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj ANNUAL REPORTS SECTION