2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P06000119844

Entity Name: NATURE'S SHINE, INC.

Current Principal Place of Business:

8378 NW 66TH ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8378 NW 66TH ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-5568643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASTRE, HECTOR
3801 ANDERSON RD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

LOPEZ, ANTONIO CPA
782 NW LE JEUNE RD
434
MIAMI, FL 33126 US

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: ANTONIO LOPEZ 04/16/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LATOUR, ALBERTO
Address: 710 SAN BRUNO AVE
City-St-Zip: CORAL GABLES, FL 33143

Title: DV ( ) Delete
Name: LASTRE, HECTOR
Address: 3801 ANDERSON RD
City-St-Zip: CORAL GABLES, FL 33134

Title: DS ( ) Delete
Name: MENA, GUILLERMO
Address: 8195 SW 69TH TERR
City-St-Zip: MIAMI, FL 33143

Title: DT ( ) Delete
Name: PLACERES, ANTONIO E
Address: 90 S HIBISCUS DR
City-St-Zip: MIAMI BCH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBERTO LATOUR DP 04/16/2008
Electronic Signature of Signing Officer or Director Date