2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144590

Entity Name: NATURAL REAL ESTATE CORP.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
APTO. 17H	NBERRY WA A, FL 33180	Y			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
5805 BLUE STE 200 MIAMI, FL	LAGOON DF 33126	RIVE			
FEI Number:	84-1726625	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	DRATE SERV LAGOON DF 33126 US				
The above in the State		submits this statement for the pur	pose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electror	nic Signature of Registered Agent		Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CAIN ATACH, J	ERRY WAY APT. 17 H	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAIN FRANCO	ERRY WAY APT. 17 H	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAIN FRANCO	ERRY WAY APT. 17 H	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FRANCO DE C	ERRY WAY APT. 17 H	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAIN FRANCO	ERRY WAY APT. 17 H	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	CAIN FRANCO	ERRY WAY APT. 17 H	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JACOBO CAIN ATACH P 04/28/2009