

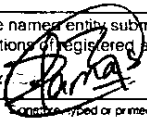
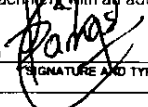


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000147342 1. Entity Name BIO-NATURAL USA CORP						FILED 07 MAR 28 PM 1:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 10651 HAMMOCKS BLVD APT # 826 MIAMI, FL 33136				Mailing Address 10651 HAMMOCKS BLVD APT # 826 MIAMI, FL 33196			
2. Principal Place of Business - No P.O. Box # 5209 NW 74 AVE Suite, Apt. #, etc. 216A		3. Mailing Address 5209 NW 74 AVE Suite, Apt. #, etc. 216A		03272007 Chg-P CR2E034 (12/06)			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-6939759			
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, ILDELIZA 10651 HAMMOCKS BLVD APT 826 MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Lizbet Damas Roque Street Address (P.O. Box Number is Not Acceptable) 5209 NW 74 AVE Miami City Miami FL Zip Code 33166			
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:  (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 400095894394 04/05/07--01036--019 **150.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P NAME GARCIA, ILDELIZA STREET ADDRESS 10651 HAMMOCKS BLVD. APT 826 CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE P NAME Lizbet Damas Roque STREET ADDRESS 5209 NW 74 AVE Miami, FL 33166 CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VP NAME CAMACHO, SILVIO H STREET ADDRESS 10651 HAMMOCKS BLVD, APT 826 CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Jesús Chiricle STREET ADDRESS 5209 NW 74 AVE Miami, FL 33166 CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 DIRECTOR Date Daytime Phone #							