2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# P07000053176

Entity Name: NATURAS FOODS USA, INC.

Current Principal Place of Business:

611 S MASHTA DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

611 S MASHTA DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-8988197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINOZA, ARIEL
611 S MASHTA DR
KEY BISCAYNE, FL 33149 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ESPINOZA, ARIEL
Address: 611 S MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: RODRIGUEZ, CLAUDIA
Address: 611 S MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: OFFI ( ) Delete
Name: ESPINOZA, GABRIELA
Address: 3354 SW 20 ST
City-St-Zip: MIAMI, FL 33145

Title: OFFI ( ) Delete
Name: ESPINOZA, LUIS
Address: 3821 HARLANO ST.
City-St-Zip: CORAL GABLES, FL 33134

Title: OFFI ( ) Delete
Name: ESPINOZA, BRIAN
Address: 611 S MASHTA DR
City-St-Zip: KEY BISCAYNE, FL 33149

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:

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: CLAUDIA E RODRIGUEZ VP 05/07/2008

Electronic Signature of Signing Officer or Director Date