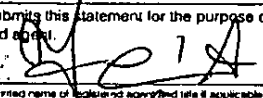
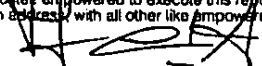


FILED
Apr 10, 2008 8:00 am
Secretary of State

66006326

DOCUMENT # P07000071530				03-24-2008 90037 016 ***150.00	
1. Entity Name NATIK SERVICES INC					
Principal Place of Business 18912 NW 57 AVE SUITE 205 HIALEAH, FL 33015 US		Mailing Address 18912 NW 57 AVE SUITE 205 HIALEAH, FL 33015 US		66006326	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 26-0398561 ☒ Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALVAREZ, LUIS F 18912 NW 57 AVE SUITE 205 HIALEAH, FL 33015			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: 			DATE: 03/17/08		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALVAREZ, LUIS F 18912 NW 57 AVE - SUITE 205 HIALEAH, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ACOSTA, NATALIA 18912 NW 57 AVE - SUITE 205 HIALEAH, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete			
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 507, 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:  LUIS FELIPE ALVAREZ 03/17/08 78-277					