

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000077502

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** NATURAL OPTION USA CORP.

**Current Principal Place of Business:**

2315 NW 107 AVE  
BOX 133  
DORAL, FL 33172

**New Principal Place of Business:**

6601 CHAPMAN FIELD DR  
MIAMI, FL 33156

**Current Mailing Address:**

2315 NW 107 AVE  
BOX 133  
DORAL, FL 33172

**New Mailing Address:**

PO BOX 557758  
MIAMI, FL 33255

**FEI Number:** 26-3212378

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUHARRAM, CLAUDIA  
2315 NW 107 AVE  
BOX 133  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

MUHARRAM, CLAUDIA  
6601 CHAPMAN FIELD DR  
MIAMI, FL 33156 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: CM

03/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: MUHARRAM, CLAUDIA  
Address: 6601 CHAPMAN FIELD DR  
City-St-Zip: MIAMI, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: CM

PSD

03/02/2012

Electronic Signature of Signing Officer or Director

Date