

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032583

Entity Name: NARDO'S NATURAL, INC

FILED  
Apr 25, 2012  
Secretary of State

**Current Principal Place of Business:**

10300 49TH ST. N.,  
302  
CLEARWATER, FL 33762

**New Principal Place of Business:**

10300 49TH ST. N.,  
CLEARWATER, FL 33762

**Current Mailing Address:**

10300 49TH ST. N.,  
302  
CLEARWATER, FL 33762

**New Mailing Address:**

10300 49TH ST. N.,  
CLEARWATER, FL 33762

FEI Number: 80-0422643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASTRONARDO, KYLE  
6085 BAHIA DEL MAR BLVD.  
UNIT #102  
ST PETERSBURG, FL 33715 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MASTRONARDO, KYLE  
Address: 10300 49TH ST. N  
City-St-Zip: CLEARWATER, FL 33762

Title: VP  
Name: MASTRONARDO, DANIEL  
Address: 10300 49TH ST. N  
City-St-Zip: CLEARWATER, FL 33762

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: KYLE MASTRONARDO

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date