

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000034071

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** VITAMINAS NATURALES ESPERANZA INC

**Current Principal Place of Business:**

334 WASHINGTON AVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

322 WASHINGTON AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

136 NE 9TH CT  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 26-4685679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, MARIA  
136 NE 9TH CT  
HOMESTEAD, FL 33030 US

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

JOAQUIN, SILVIA  
136 NE 9TH CT  
HOMESTEAD, FL 33030 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: SILVIA JOAQUIN

03/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: JOAQUIN, SILVIA  
Address: 136 NE 9TH CT  
City-St-Zip: HOMESTEAD, FL 33030

Title: SEC  
Name: JOAQUIN, SILVIA  
Address: 136 NE 9TH CT  
City-St-Zip: HOMESTEAD, FL 33030

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: SILVIA JOAQUIN

PRES

03/23/2011

Electronic Signature of Signing Officer or Director

Date