2008 FOR PROFIT CORPORATION

Apr 30, 2008 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P94000044826 NATLEN ENTERPRISES, INC. Principal Place of Business Mailing Address 3130 N.W. 175TH ST. 3130 N.W. 175TH ST. MIAMI, FL 33056 MIAMI, FL 33056 04142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0840901 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, NATHANIEL SR. DO NOT WRITE 3130 N.W. 175TH ST. MIAMI, FL 33056 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 05/23/08-80013-022 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. rsti SMITH, NATHANIEL SR. NAME 3130 N.W. 175TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33056 TITLE SMITH, LENA NAME STREET ADDRESS 3130 N.W. 175TH ST. MIAMI, FL 33056 CITY-ST-ZIP TIFLE SMITH, ANASTASIA L NAME. STREET ADDRESS 3130 N.W. 175TH ST. DO NOT WRITE MIAMI, FL 33056 CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. Thereby 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 prindicated 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED