

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000010755

Entity Name: NATALEX PROPERTIES, INC.

FILED
Feb 14, 2006
Secretary of State

Current Principal Place of Business:

6301 N.W. 37TH AVE.
MIAMI, FL 33147

New Principal Place of Business:

6301 NW 37 AVE
MIAMI, FL 33147

Current Mailing Address:

6301 N.W. 37TH AVE.
MIAMI, FL 33147

New Mailing Address:

9150 NW 105 WAY
MEDLEY, FL 33178

FEI Number: 65-0559162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACERES, ARMANDO
6301 N.W. 37TH AVENUE
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

CACERES, ARMANDO
9150 NW 105 WAY
MEDLEY, FL 33178 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:

02/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: CACERES, MARISEL
Address: 6301 N.W. 37TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: P () Delete
Name: CACERES, ARMANDO
Address: 6301 N.W. 37TH AVE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: CACERES, HARISEL
Address: 3160 SW 139 AVE
City-St-Zip: MIAMI, FL 33175

Title: T () Delete
Name: CACERES, ARMANDO
Address: 3160 SW 139 AVE
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CACERES, MARISEL
Address: 9150 NW 105 WAY
City-St-Zip: MEDLEY, FL 33178

Title: P (X) Change () Addition
Name: CACERES, ARMANDO
Address: 9150 NW 105 WAY
City-St-Zip: MEDLEY, FL 33178

Title: S (X) Change () Addition
Name: CACERES, MARISEL
Address: 9150 NW 105 WAY
City-St-Zip: MEDLEY, FL 33178

Title: T (X) Change () Addition
Name: CACERES, ARMANDO
Address: 9150 NW 105 WAY
City-St-Zip: MEDLEY, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARISEL CACERES

V

02/14/2006

Electronic Signature of Signing Officer or Director

Date