2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

JOCUMENT# P; . Entity Name	P95000050504			
GO-NATURAL HEALTH PROI	DUCTS, INC.			
rincipal Place of Business	Mailing Address			
795 WEST FLAGLER	4795 WEST FLAGLER			
IIAMI FL 33134	MIAMI FL 33134			

FILED
May 02, 2003 8:00 am
Secretary of State

Secretary of State	
05-02-2003 90087 039 ***150.00	

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2. Principal F	Principal Place of Business 3. Mailing Address						I LOUISBOU HID 10107 DIIH DUHHI BARKI	40161 93161 9 11	<u> </u>	ININ DINI INN		
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
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City & Stat	City & State City & State			& State			4.	65-0730266]	plied For ot Applicable	
Zip		Country	Zip		Coun	itry	5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curr	ent Registere	ed Agent		<u> </u>	7. I	Name and Address of New Re				
		<u></u>				Name						
LOPEZ, P.	ATRICIA M					Street Address (P.O. Box Number is Not Acceptable)						
13080 MIF	RANDA STE	REET				Street Addr	ess (r.o. b	oox Number is Not Acceptable)				
	ABLES FL											
			•			City			FL	Zip Code	•	
8. The above	named entit	v submits this statemer	nt for the purp	ose of changing its	registere	ed office or red	gistered ag	ent, or both, in the State of Flori		<u>l</u> miliar with. :	and accept	
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.												
CIONIATURE											ļ	
SIGNATURE .	Signature, typed	or printed name of registered a	gent and title if app	licable. (NOTE	E: Registere	d Agent signature re	equired when re	einstating)	DATE			
F	ILE NOW!	!! FEE IS \$150.00									_	
Afte	May 1, 200	03 Fee will be \$550.						 Election Campaign Final Trust Fund Contribution. 	ncing	\$5.04 Added	0 May Be to Fees	
Make Check	k Payable to	Florida Departmen						· · · · · · · · · · · · · · · · · · ·	_	, 10000	1.0 7 000	
10.		OFFICERS A	ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND [DIRECTORS	S IN 11	
TITLE	Р			☐ Delete	TITLE	<u>.</u>				☐ Change	☐ Addition	
NAME	LOPEZ, P				NAM							
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CITY-ST-ZIP	CUHAL G	ABLES FL 33156		p===	-							
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/28/03

(305) 448-6666 Daytime Phone #