

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072697

FILED  
Mar 08, 2005  
Secretary of State

Entity Name: SANAR NATURAL PRODUCTS, INC.

**Current Principal Place of Business:**

6712 NW 72ND AVENUE  
MIAMI, FL 33166

**New Principal Place of Business:**

6710 NW 72ND AVENUE  
MIAMI, FL 33166

**Current Mailing Address:**

6710 NW 72ND AVENUE  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-0691883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SANCERNI, ARMANDO  
6712 NW 72ND AVENUE  
MIAMI, FL 33166    US

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

SANCERNI, ARMANDO  
6710 NW 72ND AVENUE  
MIAMI, FL 33166    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: \_\_\_\_\_ 03/08/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SANCERNI, ARMANDO  
Address: 6712 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: D      ( ) Delete  
Name: SANCERNI, OLGA  
Address: 6712 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: D      ( ) Delete  
Name: SANCERNI-LOPEZ, CARIDAD L  
Address: 6712 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: SANCERNI, ARMANDO  
Address: 6710 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: D      (X) Change ( ) Addition  
Name: SANCERNI, OLGA  
Address: 6710 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: D      (X) Change ( ) Addition  
Name: SANCERNI-LOPEZ, CARIDAD L  
Address: 6710 NW 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ARMANDO SANCERNI      D      03/08/2005  
Electronic Signature of Signing Officer or Director      Date