4/25/2005-90227-020-$150.00-$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN -9 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66018664

DOCUMENT # P97000036919

1. Entity Name
NATALINA ENTERPRISES INC.

Principal Place of Business	Mailing Address
11300 N.W. 14TH COURT PEMBROKE PINES, FL 33026	11300 N.W. 14TH COURT PEMBROKE PINES, FL 33026

DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0748086

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILCINSKI, JOSINETH G VP
11300 N.W. 14TH COURT
PEMBROKE PINES, FL 33026

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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 _____ DATE 4/18/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	RODRIGUEZ, ELAINE
STREET ADDRESS	11300 N.W. 14TH CT.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	VP
NAME	JOSINETH G. WILCINSKI
STREET ADDRESS	11300 NW 14 CT
CITY-ST-ZIP	Pembroke Pines, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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: _____ 6/2/2005 9547C98601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #