

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT -**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000038459

1. Entity Name
NATALEX CORP.



Principal Place of Business
**230 S.W. 136 PLACE
MIAMI, FL 33182**

Mailing Address
**230 S.W. 136 PLACE
MIAMI, FL 33182**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROHAN, LAURENCE J
4675 PONCE DE LEON BLVD. #302
CORAL GABLES, FL 33146**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YANES, RICARDO
STREET ADDRESS	230 S.W. 136 PLACE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	DST
NAME	YANES, MARTHA
STREET ADDRESS	230 S.W. 136 PLACE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	P
NAME	YANES, RICHARD
STREET ADDRESS	230 S.W. 136 PLACE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000537329
05/09/06-80010-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ricardo Yanes **RICARDO YANES**

4/10/06

305/793-4945