

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000065036

1. Entity Name
NATURE'S TREASURE PRODUCTS, INC.



Principal Place of Business
4726 W FLAGLER ST
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIRCLE
STE 502
CORAL GABLES, FL 33134

FILED
May 01, 2006 08:00 A
Secretary of State



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0861103

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M
201 ALHAMBRA CIRCLE
STE 502
CORAL GABLES, FL 33134

**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 PD
NAME CORDOVA, MANUEL A
STREET ADDRESS 4726 W FLAGLER ST
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD
NAME CORDOVA, KATHERINE
STREET ADDRESS 4726 W FLAGLER STREET
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD
NAME CORDOVA, MANUEL A S
STREET ADDRESS 4726 W FLAGLER STREET
CITY-ST-ZIP CORAL GABLES, FL 33134

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000000558169
05/17/06-80085-003 150.00

**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 #

Katherine Cordova 4/27/06 305-442-2558