

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

06-18-2004 90001 013 \*\*\*150.00

**DOCUMENT # P98000082969**

1. Entity Name

NATURE'S OWN INC.



Principal Place of Business

85 GRAND CANAL DR #207  
MIAMI FL 33144

Mailing Address

85 GRAND CANAL DR #207  
MIAMI FL 33144

**54057863**

2. Principal Place of Business

950 North Federal Hwy  
Suite, Apt. #, etc.  
SUITE 115

3. Mailing Address

P.O. Box 398522  
Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State  
Pompano Bch - FL 33062

City & State  
M. Bch - FL 33239

4. FEI Number

65-0873524

Applied For

Not Applicable

Zip  
33062

Country  
Broward

Zip  
33239

Country  
Dade

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELINI, CHRIS  
888 BRICKELL KEY DR. #605  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

*JUN 7/04*  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ANGELINI, CHRIS  
85 GRAND CANAL DR., STE. 207  
MIAMI FL 33144

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Chris Angelini (President)*  
*JUN 7/04 305-752-3930*

Attachment

54057863

#P98000082969

TO WHOM IT MAY CONCERN:

WE NEVER RECEIVED  
THE CORPORATION RENEWALS  
AND HAD BEEN REQUESTING  
THEM FOR QUITE SAME TIME.

FINALLY THEY CAME AND  
WE HAVE BEEN TOLD JUST  
SEND THE \$150 AND IT  
WILL BE SATISFACTORY TO  
KEEP OUR CORPORATION  
UPDATED

Thank you,

Chris Angelini

