


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90390 014 ***150.00

DOCUMENT # P98000095848
 1. Entity Name
GLOBAL NATURAL PRODUCTS, INC.




Principal Place of Business Mailing Address
 P.O. BOX 330057 P.O. BOX 330057
 COCONUT GROVE, FL 33233-0057 COCONUT GROVE, FL 33233-0057

2. Principal Place of Business 3. Mailing Address
2730 S.W. 3 Avenue **2730 S.W. 3 Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#401 **#401**

City & State City & State
Miami, FL **Miami, FL**

Zip Country Zip Country
33129 **USA** **33129** **USA**

24000000



03222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0877909 Not Applicable

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

6. Name and Address of Current Registered Agent
 YEAGER, JOHN F CPA
 300 SEVILLA AVE
 #215
 CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT, DANIELLE	NAME	
STREET ADDRESS	3250 MATILDA STREET, UNIT B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT T, PATRICK	NAME	
STREET ADDRESS	3821 CROWFORD AVE	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *03/25/04* **Daytime Phone #** *305 474 43 03*