

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 039 ***150.00

DOCUMENT # P99000087987

1. Entity Name
S & B NATURAL CORPORATION



Principal Place of Business
**8960 NW 8TH ST.
105
MIAMI, FL 33172**

Mailing Address
**8960 NW 8TH ST.
105
MIAMI, FL 33172**

34010000



2. Principal Place of Business
17733 SW 141 CT

3. Mailing Address
17733 SW 141 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0952940

Applied For

Not Applicable

Zip
33177

Country
Miami

Zip
33177

Country
Miami

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

**BELLUCCI, DINA
8960 NW 8TH ST. #105
MIAMI, FL 33172**

Name **Bellucci, Dina**

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

17733 SW 141 CT

City **Miami**

FL

Zip Code **33177**

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 **x Dina Bellucci**

Dina Bellucci

04/26/2004

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, 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 **P** ☒ Delete
NAME **BELLUCCI, JHONNY**
STREET ADDRESS **8960 NW 8TH ST #105**
CITY-ST-ZIP **MIAMI, FL 33172**

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

TITLE **VP** ☐ Delete
NAME **BELLUCCI, DINA**
STREET ADDRESS **8960 NW 8TH ST.**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **P** ☒ Change ☐ Addition
NAME **Bellucci, Dina**
STREET ADDRESS **17733 SW 141 CT**
CITY-ST-ZIP **Miami, FL 33177**

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
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
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: **x Dina Bellucci** **Dina Bellucci**

04/26/2004 7862461706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #