# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 26, 2004**
**Secretary of State**

DOCUMENT# P99000097896

**Entity Name:** NATURAL BROWS, INC.

**Current Principal Place of Business:**

4390 N FEDERAL HWY
SUITE 203
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4390 N FEDERAL HWY
SUITE 203
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number: 65-0961490** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFIERI, MARIA ELENA
4390 N FEDERAL HWY
SUITE 203
FT LAUDERDALE, FL 33308

**Name and Address of New Registered Agent:**

ALFIERI, CHARLES
4390 N FEDERAL HWY
SUITE 203
FT LAUDERDALE, FL 33308

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.

SIGNATURE: CHARLES ALFIERI 05/26/2004
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: ALFIERI, CHARLES A
Address: 4390 N FEDERAL HWY., SUITE 203
City-St-Zip: FT LAUDERDALE, FL 33308

Title: VSD (X) Delete
Name: ALFIERI, MARIA ELENA
Address: 4390 N FEDERAL HWY., SUITE 203
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition
Name: ALFIERI, CHARLES A
Address: 4390 N FEDERAL HWY., SUITE 203
City-St-Zip: FT LAUDERDALE, FL 33308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES ALFIERI PRES 05/26/2004
Electronic Signature of Signing Officer or Director Date