

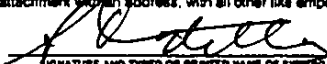
FILED
Jun 26, 2007 8:00 am
Secretary of State

S/t

05-08-2007 90019 033 ***150.00

06-12-2007 90109 038 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V55011 1. Entity Name PRODUCTOS NATURALES, INC.		
Principal Place of Business 7397 W FLAGLER ST MIAMI, FL 33144		Mailing Address 7397 W FLAGLER ST MIAMI, FL 33144
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CASTILLO, WILSON A 7397 W FLAGLER ST MIAMI, FL 33144		66019826  04112007 No Chg-P CRZE034 (11/05) 4. FEI Number 65-0351237 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
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 renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTILLO, SOFIA A 7397 W FLAGLER ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD CASTILLO, WILSON A 7397 W FLAGLER ST MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 within address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR		Date 6/15/07 Daytime Phone # _____