

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011856

FILED
Apr 23, 2012
Secretary of State

Entity Name: NUTRIR BARRANQUILLA, INC.

Current Principal Place of Business:

19195 MYSTIC POINTE DRIVE
PH 9
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19195 MYSTIC POINTE DRIVE
PH 9
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 26-1552096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKLEY, LINDSAY
14100 PALMETTO FRONTAGE RD
SUITE 201
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SCHRAER, MONICA
Address: 3530 MYSTIC POINTE DRIVE UNIT 2007
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: ZYLBERBLUM, FRANCIS
Address: 19195 MYSTIC POINTE DRIVE PH 9
City-St-Zip: AVENTURA, FL 33180

Title: S
Name: DE MCCAUSLAND, VIOLY
Address: 14100 PALMETTO FRONTAGE RD
City-St-Zip: MIAMI LAKES, FL 33016

Title: T
Name: OBREGON, MARIA E
Address: 14100 PALMETTO FRONTAGE RD NO 201
City-St-Zip: MIAMI LAKES, FL 33016

Title: M
Name: MINSKI, JOEL
Address: 14100 PALMETTO FRONTAGE RD NO 201
City-St-Zip: MIAMI LAKES, FL 33016

Title: M
Name: MINSKI, JOSE
Address: 14100 PALMETTO FRONTAGE RD NO 201
City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS ZYLBERBLUM

VP

04/23/2012

Electronic Signature of Signing Officer or Director

_____ Date