


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90809 001 *****8.75
 04-26-2004 90809 002 ***150.00

DOCUMENT # P03000036559

1. Entity Name
VITAFEX, INC.



Principal Place of Business Mailing Address
 6902 SW 20 ST 6902 SW 20 ST
 POMPANO BCH, FL 33068 POMPANO BCH, FL 33068

66415225



2. Principal Place of Business 3. Mailing Address
5440 N. STATE RD. 7 **5440 N. STATE RD. 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 211 **SUITE 211**

04202004 Chg-P CR2E034 (10/03)

City & State City & State
NORTH LAUDERDALE FL **NORTH LAUDERDALE, FL**
 Zip Country Zip Country
33319 **USA** **33319** **USA**

4. FEI Number Applied For
55-0825954 Not Applicable

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

6. Name and Address of Current Registered Agent
BORTAGARAY, LUIS
6902 SW 20 ST
POMPANO BCH, FL 33068

7. Name and Address of New Registered Agent
 Name
COHEN, FEDERICO
 Street Address (P.O. Box Number is Not Acceptable)
912 SW 22 AVE. APT 4
 City State Zip Code
FT. LAUDERDALE **FL** **33312**

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: *Federico Cohen* DATE: 4/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|----------------|-------------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | BORTAGARAY, LUIS | |
| STREET ADDRESS | 6902 SW 20 ST | |
| CITY-ST-ZIP | POMPANO BCH, FL 33068 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COHEN, FEDERICO | |
| STREET ADDRESS | 912 SW 22 AVE APT 4 | |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33312 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, FEDERICO | |
| STREET ADDRESS | 912 SW 22 AVE. APT 4 | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Federico Cohen* **FEDERICO COHEN** DATE: 4/22/04 DAYTIME PHONE: 954-733-5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #