## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 17, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000087 NITYRX, INC.	569				04-21-2004 9	90016 03	31 ***150	.00
Principal Place	e of Business	Mailing Address							
4433 LAKE CALABAY DRIVE ORLANDO, FL 32837 US 4433 LAKE CALABAY DRIVE ORLANDO, FL 32837 US						422023		rdt Surs orlift rs:	11881 IS 8811
Principal Place of Business     3. Mailing Address									
Suite, Apt.	*, etc	Suite, Apt. #, etc.			04082004 Chg-P CR2E034 (10/03)				
City & State	e	City & State			4. FEI Numb	708038	7		plied For Applicable
Zip	Country Zip C		Coun	try - 1.	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
ACOSTA, EMMANUEL Y 11904 CYPRESS VISTA			İ	L————	P.O. Box Numb	er is Not Acceptable	)		
	L 33626								
	•		•	City			FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flo	rida. Tam f	amiliar with	and accept
SIGNATURE.									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	a Agent signature required	d when reinstating)	<del></del>	DATE		
FiL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, EMMANUEL Y 11904 CYPRESS VISTA TAMPA, FL 33626	🗀 Dekete	1	1				☐ Change	☐ Addition
TITLE NAME	VP GARZON, RUBEN	☐ Delete	TITLE	E				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2647 CEDAR BLUFF OCOEE, FL 34761		STRE	ET ADDRESS -ST-ZIP					,
TITLE NAME STREET ADDRESS CHY-ST-ZIP	TRES ANTONIO, LETICIA G 4433 LAKE CALABAY DRIVE ORLANDO, FL 32837	☐ Delete	1	1				Change	Addition
TITLE NAME STREET ADDRESS OITY-ST-ZIP		☐ Delete	1	ì	·			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	TITL NAM STRI					□ Change	Addition
MULE HAME STREET ADORESS CITY-ST-7/P		Datete	1	1				☐ Change	Addition
12. Thereby	Learnly that the information supplied with from this report or supplemental report is reportion or the receiver or trustee emp	s true and accurate and that owered to execute this repor	or the exe my signa t as requ	emption stated in S	same iegal effe	ect as it made under	oain: Inal i	am an onice	rorairector