2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000114248

1. Entity Name
QUALITRIM, CO

Principal Place of Business	Mailing Address
12526 58TH NORTH PLACE ROYAL PALM BEACH, FL 33411	12526 58TH NORTH PLACE ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

03172006 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0953981
☐ Applied For
☐ Not Applicable

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

6. *Name and Address of Current Registered Agent*

ALVAREZ, LLAIME C
12526 58TH NORTH PLACE
ROYAL PALM BEACH, FL 33411

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $160.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005043582
04/25/06--80001--013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALVAREZ, GERARDO
STREET ADDRESS	12526 58TH NORTH PLACE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	ALVAREZ, GERARDO M
STREET ADDRESS	12526 58TH NORTH PLACE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	VP
NAME	CRUZ, YOEL
STREET ADDRESS	811 1/2 OMAR ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 with an address, with all other like empowered.

SIGNATURE: _____ 04.09.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #