

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90037 017 ***150.00

DOCUMENT # P03000114248	
1. Entity Name QUALITRIM, CO	

Principal Place of Business 12526 58TH NORTH PLACE ROYAL PALM BEACH, FL 33411	Mailing Address 12526 58TH NORTH PLACE ROYAL PALM BEACH, FL 33411
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01142007 Chg-P CR2E034 (12/06)

4. FEI Number 71-0953981	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ALVAREZ, LLAIME C 12526 58TH NORTH PLACE ROYAL PALM BEACH, FL 33411	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

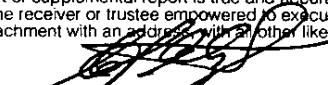
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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 with an address with another like empowered.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01/16/2007	10/16/07-4202