


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|----------------------|---------------------------------|--|--|--|
| DOCUMENT # P93000052198 1. Entity Name PURA SALUD GNC INC. | | | |  | |
| Principal Place of Business 13611 S DIXIE HWY 106 MIAMI FL 33176 US | | | Mailing Address 13611 S DIXIE HWY 106 MIAMI FL 33176 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0426523 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CASTELLON, BARNEY 20000 SW 232 STREET MIAMI FL 33170 | | | Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PSTD | <input type="checkbox"/> Delete | TITLE | U00000616461 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/07/07-80028-016 150.00 | |
| NAME | CASTELLON, BARNEY | | NAME | | |
| STREET ADDRESS | 20000 SW 232 ST | | STREET ADDRESS | | |
| CITY- ST- ZIP | MIAMI FL 33170 | | CITY- ST- ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | JOHNSON, SCOTT A | | NAME | | |
| STREET ADDRESS | 885 CLAY CRAFT RD | | STREET ADDRESS | | |
| CITY- ST- ZIP | COLUMBUS OH | | CITY- ST- ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | CASTELLON, ANA MARIA | | NAME | | |
| STREET ADDRESS | 20000 SW 232 ST | | STREET ADDRESS | | |
| CITY- ST- ZIP | MIAMI FL 33170 | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Ana Maria Castellon</i> | | | Date: <i>1-30-07</i> 305 378 4185 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |