

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000052198

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** PURA SALUD NUTRITION INC.

**Current Principal Place of Business:**

13611 S DIXIE HWY  
106  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

13611 S DIXIE HWY  
106  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:** 65-0426523      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTELLON, BARNEY  
20000 SW 232 STREET  
MIAMI, FL 33170 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CASTELLON, BARNEY  
Address: 20000 SW 232 ST  
City-St-Zip: MIAMI, FL 33170

Title: VP  
Name: JOHNSON, SCOTT A  
Address: 885 CLAY CRAFT RD  
City-St-Zip: COLUMBUS, OH

Title: S  
Name: CASTELLON, ANA MARIA  
Address: 20000 SW 232 ST  
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARNEY CASTELLON

PSTD

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date