

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104348

**Entity Name:** PROFESSIONAL NUTRITION SERVICES, INC.

**Current Principal Place of Business:**

20 CAFARO CIRCLE  
SACRAMENTO, CA 95834

**Current Mailing Address:**

PO BOX 348416  
SACRAMENTO, CA 95834 US

**FEI Number: 65-1148475**

**Certificate of Status Desired:** No

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

BOSCH, JAIRO  
7179 PEMBROKE ROAD  
PEMBROKE PINES, FL 33023 US

*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

**Officer/Director Detail :**

Title            DIR  
Name            MORTON DE SOUZA, DONNA LYNN  
Address        20 CAFARO CIRCLE  
City-State-Zip: SACRAMENTO CA 95834

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: DONNA LYNN MORTON DE SOUZA**

**OWNER**

**01/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date