

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000071331

Entity Name: SKYLINE NUTRACEUTICAL DISTRIBUTION CORPORATION

Current Principal Place of Business:

1304 NORTH 40 AVE
HOLLYWOOD, FL 33021

Current Mailing Address:

PO BOX 814252
HOLLYWOOD, FL 33081-4252 US

FEI Number: 47-4923351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ON TIME ACCOUNTING TAX INC
721 E 48 ST
HIALEAH, FL 33013 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	P	Title	VP
Name	SUAREZ, YASSER	Name	MORALES-SUAREZ, DIANA
Address	1304 NORTH 40 AVE	Address	1304 NORTH 40 AVE
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

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: YASSER SUAREZ

PRESIDENT

04/17/2016

Electronic Signature of Signing Officer/Director Detail

Date