

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003418

**Entity Name:** NUTRIBAND INC.

**Current Principal Place of Business:**

309 CELTIC CT.  
OVIEDO, FL 32765

**Current Mailing Address:**

309 CELTIC CT.  
OVIEDO, FL 32765 US

**FEI Number:** 81-1118176

**Certificate of Status Desired:** No

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

MELNIK, SERGUEI  
309 CELTIC CT.  
OVIEDO, FL 32765 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 C  
Name BOTYROS, VITALIE  
Address 309 CELTIC CT.  
City-State-Zip: OVIEDO FL 32765

Title D  
Name SHERIDON, GARETH  
Address 1588 S 1300 E.  
City-State-Zip: SALT LAKE CITY UT 86105

Title STD  
Name MELNIK, SERGUEI  
Address 309 CELTIC CT.  
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT  
Name SEAN, GALLAHER  
Address 309 CELTIC CT.  
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR  
Name STEVE , DAMON  
Address 309 CELTIC CT.  
City-State-Zip: OVIEDO FL 32765

*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:** SERGUEI MELNIK

**DIRECTOR/CFO**

**04/29/2019**

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

\_\_\_\_\_  
Date