

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 025 ***158.75

DOCUMENT # 586277		
1. Entity Name NUTRIENTS BEST, INC.		

Principal Place of Business 5105 NW 159 ST HIALEAH, FL 33014	Mailing Address 9990 SW 77 AVE STE 330 MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5105 NW 159th St.,
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Hialeah, FL
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Zip	Country	Zip 33014	Country Miami-Dade
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6. Name and Address of Current Registered Agent

MARGOLIS, JOHN A. 9990 SW 77 AVE STE 330 MIAMI, FL 33156

04302007 Chg-P CR2E034 (12/06)

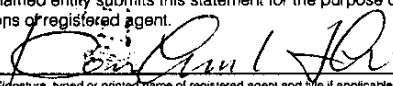
4. FEI Number 59-1860341	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name Kazuhiko Hoshi
Street Address (P.O. Box Number is Not Acceptable) 5105 NW 159th St.,
City Hialeah
FL Zip Code 33014

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.

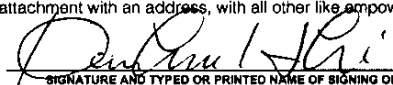
SIGNATURE 	Kazuhiko Hoshi	4/30/07
Signature, typed or printed name of registered agent and title if applicable.		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE P	☒ Delete	TITLE Chairman & Director	☐ Change ☒ Addition
NAME RODRIGUEZ, CARLOS J.		NAME Hachiro Honjo	
STREET ADDRESS 5101 NW 159TH STREET		STREET ADDRESS 5105 NW 159th St.,	
CITY-ST-ZIP HIALEAH, FL 33014		CITY-ST-ZIP Hialeah, FL 33014	
TITLE SD	☒ Delete	TITLE Director	☐ Change ☒ Addition
NAME RODRIGUEZ, JUANITA DIAZ		NAME Minoru Watanabe	
STREET ADDRESS 5101 NW 159TH STREET		STREET ADDRESS 5105 NW 159th St.,	
CITY-ST-ZIP HIALEAH, FL 33014		CITY-ST-ZIP Hialeah, FL 33014	
TITLE	☐ Delete	TITLE CEO, President, Secretary & Director	☐ Change ☒ Addition
NAME		NAME Yosuke Honjo	
STREET ADDRESS		STREET ADDRESS 5105 NW 159th St.,	
CITY-ST-ZIP		CITY-ST-ZIP Hialeah, FL 33014	
TITLE	☐ Delete	TITLE Treasurer	☐ Change ☒ Addition
NAME		NAME Kazuhiko Hoshi	
STREET ADDRESS		STREET ADDRESS 5105 NW 159th St.,	
CITY-ST-ZIP		CITY-ST-ZIP Hialeah, FL 33014	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 Chapter 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: 	Kazuhiko Hoshi	4/30/07	305-914-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #