2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90062 025 ***158.75

400306

04302007 Chg-P CR2E034 (12/06)

DOCUMENT # 586277

1. Entity Name
NUTRIENTS BEST, INC.

Principal Place of Business	Mailing Address
5105 NW 159 ST HIALEAH, FL 33014	9990 SW 77 AVE STE 330 MIAMI, FL 33156

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	5105 NW 159th St., Suite, Apt. #, etc.
City & State	Hialeah, FL
Zip / Country	33014 / Miami-Dade

4. FEI Number 59-1860341 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARGOLIS, JOHN A. 9990 SW 77 AVE STE 330 MIAMI, FL 33156	Name: Kazuhiro 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: Kazuhiro Hoshi 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	Kazuhiro 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: Kazuhiro Hoshi 4/30/07 305-914-8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #