

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 586277

1. Entity Name  
NUTRIENTS BEST, INC.



Principal Place of Business

5105 NW 159 ST  
HIALEAH, FL 33014

Mailing Address

5105 NW 159TH ST  
HIALEAH, FL 33014

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242008

Chg-P

CR2E034 (12/06)

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

HOSHI, KAZUHIRO  
5105 NW 159TH ST  
HIALEAH, FL 33014

7. Name and Address of New Registered Agent

Name CorpDirect Agents, Inc., Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

515 East Park Avenue

City Tallahassee

FL

Zip Code  
32301

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. CorpDirect Agents, Inc., Registered Agent

SIGNATURE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete  
NAME HORYO, HACHIRO  
STREET ADDRESS 5105 NW 159TH ST  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE D ☐ Delete  
NAME WATANABE, MINORU  
STREET ADDRESS 5105 NW 159TH ST  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE PCEO ☐ Delete  
NAME HONJO, YASUKE  
STREET ADDRESS 5105 NW 159TH ST  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE T ☐ Delete  
NAME HOSHI, KAZUHIRO  
STREET ADDRESS 5105 NW 159TH ST  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☒ Change ☐ Addition  
NAME HONJO, HACHIRO  
STREET ADDRESS 5105 NW 159TH STREET  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEOP ☒ Change ☐ Addition  
NAME HONJO, YOSUKE  
STREET ADDRESS 5105 NW 159TH STREET  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition  
NAME HONJO, YOSUKE  
STREET ADDRESS 5105 NW 159TH STREET  
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kazuhiro Hoshi*

3/31/08

Date

(305) 914-8402

Daytime Phone #

FILED

08 APR -2 AM 10:53

*[Signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

