## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000002784

Entity Name: HAIFA NUTRITECH (HNT), INC.

FILED Jan 05, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
405 DOUGI STE. 2605 ALTAMONT	LAS AVE. TE SPRINGS,	FL 32714		<b>SUITE 2030</b>	ES ROOST E ) TE SPRINGS		US
Current Mailing Address:				New Mailing Address:			
405 DOUGI STE. 2605 ALTAMONT	LAS AVE. TE SPRINGS,	FL 32714		SUITE 2030	ES ROOST E ) TE SPRINGS		US
FEI Number:	30-0054446	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of	Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
LEBL, MARC 405 DOUGLAS AVE. ALTAMONTE SPRINGS, FL 32714 US				LEBL, MARC 307 CRANES ROOST BLVD. SUITE 2030 ALTAMONTE SPRINGS, FL 32701 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:				01/05/2009			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P ( ) LEBL, MARC 40 SISKE AVE CUMBERLAND,	Delete RI 02864		Title: Name: Address: City-St-Zip:	PRES (X LEBL, MARC 346 RALEIGH OVIEDO, FL	PLACE	dition
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	FELDMAN, NA	ZONE HAIFA BAY	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	SHACHAR, NA	ZONE HAIFA BAY	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	KADISHI, TAN	ZONE HAFIA BAY	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	YITZHAKI, NIF	ZONE HAIFA BAY	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE AARONSON CPA 01/05/2009