


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90249 001 ***317.50

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # F03000003620 1. Entity Name DIETSMART, INC. | | | |  | |
| Principal Place of Business 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | | Mailing Address 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 4. FEI Number 22-3850806 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAMILTON, ROBERT T C.F.O 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP HUMBLE, DAVID R 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director CARRAN MCCOY 3801 W. Hillsboro Blvd Deerfield Beach, FL 33442 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GATTO, SHERYL A 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Pedro Ortega 3801 W. Hillsboro Blvd Deerfield Beach, FL 33442 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HIRVONEN, M. ROSHELLE 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST HAMILTON, ROBERT T 3801 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ISGUR, LEE S 1 CEDAR LANE WOODSIDE, CA 94062 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KIER, ISAAC 1775 BROADWAY, STE. 604 NEW YORK, NY 10024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert T. Hamilton</u> ROBERT T HAMILTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

CFO

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