

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004788

FILED
Mar 04, 2007
Secretary of State

Entity Name: SYSTEMIC NUTRITIONAL CENTERS, INC.

Current Principal Place of Business:

519 CLEVELAND ST.
STE. 101
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

519 CLEVELAND ST.
STE. 101
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 75-3212800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRADO, PEDRO
288 BELLVIEW RD.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

JOSE, OLALDE
519 CLEVELAND STREET
101
CLEARWATER, FL 33755 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: JOSE OLALDE

03/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: OLALDE, JOSE
Address: 288 BELLVIEW RD
City-St-Zip: CLEARWATER, FL 33756

Title: SD () Delete
Name: PRADO, PEDRO
Address: 288 BELLVIEW RD
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: PEREZ, FABIOLA
Address: 288 BELLVIEW RD
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PEREZ, FABIOLA
Address: 288 BELLVIEW RD
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE OLALDE

PC

03/04/2007

Electronic Signature of Signing Officer or Director

Date