2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004788

Entity Name: SYSTEMIC NUTRITIONAL CENTERS, INC.

FILED Jan 20, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

519 CLEVELAND ST.

STE. 101

CLEARWATER, FL 33755

Current Mailing Address: New Mailing Address:

519 CLEVELAND ST.

STE. 101

CLEARWATER, FL 33755

FEI Number: 75-3212800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC

Name: OLALDE, JOSE

Address: 519 CLEVELAND ST., STE 101 City-St-Zip: CLEARWATER, FL 33755

Title: SD

Name: PEREZ, FABIOLA

Address: 519 CLEVELAND ST., STE 101 City-St-Zip: CLEARWATER, FL 33755

Title: TD

Name: PEREZ, FABIOLA

Address: 519 CLEVELAND ST., STE 101 City-St-Zip: CLEARWATER, FL 33755

Title: [

 Name:
 GARCIA, FRANCISCO

 Address:
 519 CLEVELAND ST., STE 101

 City-St-Zip:
 CLEARWATER, FL 33755

Title:

Name: FERNANDEZ, EYRA
Address: 519 CLEVELAND ST., S

Address: 519 CLEVELAND ST., STE 101 City-St-Zip: CLEARWATER, FL 33755

I hereby 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 all other like empowered.

SIGNATURE: JUAN RANGEL GM 01/20/2010