

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90065 031 \*\*\*158.75

<b>DOCUMENT # F99000001504</b>					
<b>1. Entity Name</b> NUTRIO.COM, INC.					
<b>Principal Place of Business</b> 1000 CORPORATE DR STE 600 FORT LAUDERDALE, FL 33334			<b>Mailing Address</b> 1000 CORPORATE DR STE 600 FORT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0885927	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		02132008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent -</b>			<b>7. Name and Address of New Registered Agent</b>		
HAMILTON, ROBERT T 1000 CORPORATE DR STE.600 FORT LAUDERDALE, FL 33334			Name <u>James A. Epstein</u> Street Address (P.O. Box Number is Not Acceptable) <u>1000 Corporate Drive, suite 600</u> City <u>FT. Lauderdale</u> <u>FL</u> Zip Code <u>33334</u>		
<b>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.</b>					
SIGNATURE <u>[Signature]</u> DATE <u>2/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS.</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATTNER, STEPHEN 2467 PROVENCE CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO HAMILTON, ROBERT T 1000 CORPORATE DR STE. 600 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S James A. Epstein 1000 Corporate Drive, suite 600 FT. Lauderdale, FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISOUR, LEE S 1000 CORPORATE DR STE 600 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISOUR, LEE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, ANDREA M 1000 CORPORATE DR STE. 600 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORETTI, ROBERT L 1000 CORPORATE DR STE. 600 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, PEDRO 1000 CORPORATE DR STE 600 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> DATE <u>2/15/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					