

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001504

Entity Name: NUTRIO.COM, INC.

FILED  
Jan 11, 2012  
Secretary of State

**Current Principal Place of Business:**

1000 CORPORATE DR  
STE 600  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

1000 CORPORATE DR  
STE 600  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 65-0885927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SETTEMBRINO, ANDREA L  
1000 CORPORATE DR STE.600  
FORT LAUDERDALE, FL 33334      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCGRATH, KEVIN N  
Address: 1000 CORPORATE DRIVE, SUITE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T  
Name: HOYER, THOMAS  
Address: 1000 CORPORATE DR STE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D  
Name: LUKS, RONALD  
Address: 1000 CORPORATE DR STE. 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D  
Name: DORETTI, ROBERT L  
Address: 1000 CORPORATE DR STE. 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D  
Name: ORTEGA, PEDRO  
Address: 1000 CORPORATE DR STE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

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: THOMAS HOYER

CFO

01/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date