


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90105 013 \*\*\*150.00

<b>DOCUMENT # J72017</b> 1. Entity Name <b>NUTRICHEM INTERNATIONAL, INC.</b>																																																																																																																	
Principal Place of Business <b>% CELINA P ROE</b> <b>338 NO ORANGE AVE</b> <b>ORLANDO, FL 32801-1611 US</b>			Mailing Address <b>% CELINA P ROE</b> <b>338 NO ORANGE AVE</b> <b>ORLANDO, FL 32801-1611 US</b>																																																																																																														
2. Principal Place of Business <b>2692 West Lake Mary Blvd.</b> Suite, Apt. #, etc. <b>Suite 1000</b> City & State <b>Lake Mary, Florida</b> Zip <b>32746</b>		3. Mailing Address <b>2692 West Lake Mary Blvd.</b> Suite, Apt. #, etc. <b>Suite 1000</b> City & State <b>Lake Mary, Florida</b> Zip <b>32746</b>		01062004    Chg-P    CR2E034 (10/03) 4. FEI Number <b>59-2798096</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																													
6. Name and Address of Current Registered Agent <b>CELINA P ROE</b> <b>338 NO ORANGE AVE</b> <b>ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Celina P. Roe</b> Street Address (P.O. Box Number is Not Acceptable) <b>2692 West Lake Mary Blvd.</b> <b>Suite 1000</b> City <b>Lake Mary</b> <b>FL</b> Zip Code <b>32746</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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																																																																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																														
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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. <b>SIGNATURE: _____</b> <b>1-22-04</b> <b>611-52-55-5360-6308</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																																																																																																	