


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90367 041 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # L07425</b>                               |  |
| 1. Entity Name<br><b>FLORIDA NUTRITION SALES, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>8495 NW 29 ST<br/>MIAMI, FL 33122 US</b> | Mailing Address<br><b>8495 NW 29 ST<br/>MIAMI, FL 33122 US</b> |
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**60023883**

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>8425 NW 29 st</b> | 3. Mailing Address<br><b>8425 NW 29 street</b> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                            |



03202006 Chg-P CR2E034 (11/05)

|                                       |                                 |
|---------------------------------------|---------------------------------|
| City & State<br><b>MIAMI FL 33122</b> | City & State<br><b>MIAMI FL</b> |
| Zip<br><b>33122</b>                   | Zip<br><b>33122</b>             |
| Country<br><b>USA</b>                 | Country<br><b>USA</b>           |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0137975</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>RIVERA, JACQUELINE<br/>8495 NW 29 ST<br/>MIAMI, FL 33122</b> |
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|  |
|--|
| 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>8425 NW 29 st</b><br>City <b>MIAMI</b> FL Zip Code <b>33122</b> |
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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<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | PS<br>RIVERA, JACQUELYN<br>8495 NW 29 ST<br>MIAMI, FL 33122 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: Jacqueline Rivera 3/30/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #