

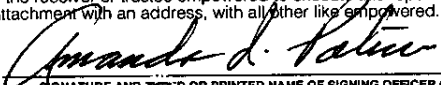


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90017 021 ****61.25

DOCUMENT # N02000001455 1. Entity Name NUTRIR USA, INC.					
Principal Place of Business 108 PALOMA DRIVE CORAL GABLES, FL 33143			Mailing Address 108 PALOMA DRIVE CORAL GABLES, FL 33143		
2. Principal Place of Business 2355 Salzedo Street Suite, Apt. #, etc. Suite 300 City & State Coral Gables, FL Zip 33134 Country U.S.		3. Mailing Address 2355 Salzedo Street Suite, Apt. #, etc. Suite 300 City & State Coral Gables, FL Zip 33134 Country U.S.			
4. FEI Number 01-0619122				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATINO, AMANDA I 108 PALOMA DRIVE CORAL GABLES, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Barroneche, Luz Marina 8810 West Flagler Street, No. 2 Miami, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ALVAREZ, LUCIA 11026 NW 2ND ST. CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Zulwaga, Claudia Maria 45 Antilla Ave., No. 3A Coral Gable, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GIRALDO, PATRICIA 108 PALOMA DRIVE CORAL GABLES, FL 33143	<input checked="" 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	TD POSADA, CLARA 1200 COTERRO AVE. CORAL GABLES, FL 33146	<input checked="" 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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(f), 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 617, 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: 			2-05-04 305-5025071		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		