

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90340 003 \*\*\*\*61.25

**DOCUMENT # N02000001455**

1. Entity Name  
**NUTRIR USA, INC.**



Principal Place of Business  
2355 SALZEDO STREET  
SUITE 300  
MIAMI, FL 33134

Mailing Address  
2355 SALZEDO STREET  
SUITE 300  
MIAMI, FL 33134

20048748



04122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
01-0619122

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

Name **Rafael J. Fernandez, C.P.A., P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**10737 Sw 104 Street**

City **miami** FL Zip Code **33176**

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 **Rafael J. Fernandez**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/13/05**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME PATINO, AMANDA I ☐ Delete  
STREET ADDRESS 108 PALOMA DRIVE  
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE VD  
NAME ALVAREZ, LUCIA ☐ Delete  
STREET ADDRESS 11026 NW 2ND ST.  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE SD  
NAME ZULUAGA, CLAUDIA M ☐ Delete  
STREET ADDRESS 45 ANTILLA AVE., NO. 3A  
CITY-ST-ZIP MIAMI, FL 33144

TITLE TD  
NAME BARRENECHE, LUZ MARINA ☐ Delete  
STREET ADDRESS 8810 W. FLAGLER STREET, NO. 2  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: **Amanda L. Patino**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-05 305-5025071**  
Date Daytime Phone #