2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001455

1. Entity Name
NUTRIR USA, INC.

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

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04282006 No Chg-NP CR2E037 (4/06)

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

FERNANDEZ, RAFAEL CPA, PA
10737 SW 104 STREET
MIAMI, FL 33176

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATINO, AMANDA I
STREET ADDRESS	108 PALOMA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	VD
NAME	ALVAREZ, LUCIA
STREET ADDRESS	11026 NW 2ND ST.
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	SD
NAME	ZULUAGA, CLAUDIA M
STREET ADDRESS	45 ANTILLA AVE., NO. 3A
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TD
NAME	BARRENECHE, LUZ MARINA
STREET ADDRESS	8810 W. FLAGLER STREET, NO. 2
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: X Luz Marina Barreneche 04/28/06 3053611211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #