

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001455

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NUTRIR USA, INC.

## Current Principal Place of Business:

2355 SALZEDO STREET  
SUITE 300  
MIAMI, FL 33134

## New Principal Place of Business:

108 PALOMA DRIVE  
CORAL GABLES, FL 33143

## Current Mailing Address:

PO BOX 43 0815  
MIAMI, FL 33243

## New Mailing Address:

FEI Number: 01-0619122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PATINO, AMANDA I  
Address: 108 PALOMA DRIVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: SD ( ) Delete  
Name: ZULUAGA, CLAUDIA M  
Address: 45 ANTILLA AVE., NO. 3A  
City-St-Zip: MIAMI, FL 33144

Title: TD ( ) Delete  
Name: BARRENECHE, LUZ MARINA  
Address: 8810 W. FLAGLER STREET, NO. 2  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: ZULUAGA, CLAUDIA M  
Address: 6515 COLLINS AVE # 1509  
City-St-Zip: NORTH MIAMI, FL 33139

Title: TD (X) Change ( ) Addition  
Name: BARRENECHE, LUZ MARINA  
Address: 8810 W. FLAGLER STREET, NO. 2  
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA I. PATIÑO

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date