

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000004468

1. Entity Name

NATURE'S CHOICE FOODS, INC.



Principal Place of Business

3550 N.W. 112TH STREET
MIAMI, FL 33167

Mailing Address

3550 N.W. 112TH STREET
MIAMI, FL 33167



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0786652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A ESQ.
100 S.E. 2ND STREET
28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000235242
02/18/05-80048-023 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME GREEN, CAROLE
STREET ADDRESS 3550 NW 112TH ST
CITY - ST - ZIP MIAMI, FL

TITLE P
NAME GREEN, ARTHUR
STREET ADDRESS 2800 ISLAND BLVD #2801
CITY - ST - ZIP WILLIAMS ISLAND, FL

TITLE V
NAME GREEN, WILLIAM
STREET ADDRESS 3550 NW 112TH ST
CITY - ST - ZIP MIAMI, FL 33167

TITLE V
NAME CONTENTO, ROBERT
STREET ADDRESS 3550 112TH ST
CITY - ST - ZIP MIAMI, FL 33167

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Contento

1/27/05 305-688-5400

Date

Daytime Phone #