

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90009 004 ***150.00

DOCUMENT # P00000077602

1. Entity Name
MULTIPLE NUTRIENT SYSTEM, INC.



Principal Place of Business
**8015 SW 133RD COURT
MIAMI, FL 33183**

Mailing Address
**P O BOX 832852
MIAMI, FL 33283**

2. Principal Place of Business

8015 S.W. 133 CT.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 832852

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami, FL

Zip

33183

Country

Dade

Zip

33283

Country

Dade

05092005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1038395

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ABBOTT, KENNETH JR
8015 SW 133RD COURT
MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name **Kenneth Abbott Jr.**

Street Address (P.O. Box Number is Not Acceptable)

8015 S.W. 133 CT.

Miami

City

FL

Zip Code

33183

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/26/05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ABBOTT, KENNETH JR**
STREET ADDRESS **8015 SW 133RD COURT**
CITY - ST - ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/05

Date

Daytime Phone #