

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90018 006 ***150.00

DOCUMENT # P01000013420

1. Entity Name
NUTRITIONAL SOLUTIONS, INC.



Principal Place of Business
9115 NW 41ST MANOR
CORAL SPRINGS, FL 33065

Mailing Address
9115 NW 41ST MANOR
CORAL SPRINGS, FL 33065



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1074875	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TABINO, FRANK
9115 NW 41ST MANOR
CORAL SPRINGS, FL 33065

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TABINO, FRANK
STREET ADDRESS	9115 NW 41ST MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	D
NAME	TABINO, TONI
STREET ADDRESS	9115 NW 41ST MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
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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)(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 another like empowered.

SIGNATURE

Frank Tabino

FRANK TABINO - Pres 2/3/05 9547532834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #