# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2009**
**Secretary of State**

DOCUMENT# P01000028698

**Entity Name:** NUTRI-FORCE NUTRITION, INC.

**Current Principal Place of Business:**

3337 NW. 74 AVE
MIAMI, FL 33122

**New Principal Place of Business:**

14620 NW 60 AVENUE
MIAMI LAKES, FL 33014

**Current Mailing Address:**

14620 NW 60 AVENUE
MIAMI LAKES, FL 33014

**New Mailing Address:**

7740 SW 70 ST
MIAMI, FL 33143

**FEI Number: 65-1083430** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFONSO, ANTHONY
7740 SW 70 STREET
MIAMI, FL 33143 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: ALFONSO, ANTHONY
Address: 7740 SW 70 STREET
City-St-Zip: MIAMI, FL 33143

Title: DS ( ) Delete
Name: ALFONSO, ADRIANA
Address: 7740 SW 70 ST
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA ALFONSO DS 04/14/2009

Electronic Signature of Signing Officer or Director — Date