2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P01000035047

Entity Name: NUTRITION SERVICES OF SOUTH FLORIDA INC.

Current Principal Place of Business:

90 EDGEWATER DR #505
CORAL GABLES, FL 33133

New Principal Place of Business:

2943 SW 30TH COURT
COCONUT GROVE, FL 33133

Current Mailing Address:

90 EDGEWATER DR #505
CORAL GABLES, FL 33133

New Mailing Address:

2943 SW 30TH COURT
COCONUT GROVE, FL 33133

FEI Number: 65-1104731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISENBERG, DOUGLAS
10800 BISCAYNE BLVD.
SUITE 620
MIAMI, FL 33161 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: RD ( ) Delete
Name: FALLA, NORMA L
Address: 90 EDGEWATER DR #505
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RD (X) Change ( ) Addition
Name: FALLA, NORMA L
Address: 2943 SW 30TH COURT
City-St-Zip: COCONUT GROVE, FL 33133

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: NORMA L FALLA PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date