

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038293

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: BEST NUTRITION NETWORK INC

## Current Principal Place of Business:

12609 NW 14TH PLACE  
SUNRISE, FL 33323 US

## New Principal Place of Business:

9965 MIRAMAR PARKWAY  
MIRAMAR, FL 33025 US

## Current Mailing Address:

12609 NW 14TH PLACE  
SUNRISE, FL 33323 US

## New Mailing Address:

9965 MIRAMAR PARKWAY  
MIRAMAR, FL 33025 US

FEI Number: 65-1099317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRECIADO, DAVID E  
12609 NW 14TH PLACE  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

PRECIADO, CAROLINA  
12609 NW 14TH PLACE  
SUNRISE, FL 33323 US

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: CAROLINA PRECIADO

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRECIADO, DAVID E  
Address: 12609 NW 14TH PLACE  
City-St-Zip: SUNRISE, FL 33323 US

Title: VP (X) Delete  
Name: CAROLINA, PRECIADO  
Address: 12609 NW 14TH PLACE  
City-St-Zip: SUNRISE, FL 33323 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PRECIADO, CAROLINA  
Address: 12609 NW 14TH PLACE  
City-St-Zip: SUNRISE, FL 33323 US

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: CAROLINA PRECIADO

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date