

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90006 032 ***158.75

DOCUMENT # P01000039818

1. Entity Name

NUTRIAL COMPANY, INC.



Principal Place of Business Mailing Address
7525 E TREASURE DR 7525 E TREASURE DR
7J 7J
N BAY VILLAGE FL 33141 N BAY VILLAGE FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1103219

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILGUEIRAS, JULIO C
7525 E TREASURE DR
APT 7J
NORTH BAY VILLAGE FL 33141

Name **JULIO C FILGUEIRAS JR**
Street Address (P.O. Box Number is Not Acceptable)
7525 EAST TREASURE DR
APT 7J
City **NORTH BAY VILLAGE FL** Zip Code **33141**

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.

JULIO C FILGUEIRAS JR **1/26/2004**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AZEVEDI, GOMEZ D
STREET ADDRESS R URIMONDUBA 111 APT 81
CITY-ST-ZIP ITAIM SAN PAULO BRAZIL

TITLE VP ☐ Delete
NAME FILGUEIRAS, JULIO C JR
STREET ADDRESS 7525 E. TREASURE DR, AP 7J
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE M.D. ☒ Change ☐ Addition
NAME EDUARDO GOMES AZEVEDO
STREET ADDRESS 7525 E TREASURE DR, AP 7J
CITY-ST-ZIP NORTH BAY VILLAGE -FL- 33141

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2004 **305 8655075**

Date

Daytime Phone #