

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90231 038 ***150.00

DOCUMENT # P01000040617

1. Entity Name
NEWTRITION CONCEPTS INC.



Principal Place of Business
**5565 NW 74TH AVE., SUITE 200
MIAMI, FL 33166**

Mailing Address
**5565 NW 74TH AVE., SUITE 200
MIAMI, FL 33166**

34014310



03142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1103555 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REYES, CATHERINE C
5565 NW 74TH AVE., SUITE 200
MIAMI, FL 33166**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | VP |
| NAME | REYES, CATHERINE C |
| STREET ADDRESS | 7221 SW 60 STREET |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | Miguel Reyes |
| NAME | Miguel Reyes |
| STREET ADDRESS | 7221 SW 60 STREET |
| CITY-ST-ZIP | MIAMI, FL 33143 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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 all other like empowered.

SIGNATURE: *Catherine Clark-Reyes* **Catherine Clark-Reyes** 4/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(305) 812-2186