


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 010 ***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 PO Box 557083 Miami, FL 33255-7083
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1103555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 *Catherine Reyes* DATE 4/9/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE P	REYES, CATHERINE C
NAME	7221 SW 60 STREET
STREET ADDRESS	MIAMI, FL 33143
CITY-ST-ZIP	7551 SW 58 Street Miami, FL 33143
TITLE D	REYES, MIGUEL
NAME	7221 SW 60 STREET
STREET ADDRESS	MIAMI, FL 33143
CITY-ST-ZIP	7551 SW 58 Street Miami, FL 33143
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 exemptions contained 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 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: *Miguel Reyes* DATE 11/7/08 DAYTIME PHONE # 305-841-306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR