

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040617

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: NEWTRITION CONCEPTS INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 507083  
MIAMI, FL 332557083 US

## New Mailing Address:

PO BOX 557083  
MIAMI, FL 332557083 US

FEI Number: 65-1103555

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

CLARK REYES, CATHERINE C  
5565 NW 74TH AVE., SUITE 200  
MIAMI, FL 33166 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: CATHERINE CLARK-REYES

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: REYES, CATHERINE C  
Address: 7551 SW 58 STREET  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: REYES, MIGUEL  
Address: 7551 SW 58 STREET  
City-St-Zip: MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CLARK REYES, CATHERINE C  
Address: 7551 SW 58 STREET  
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change ( ) Addition  
Name: REYES, MIGUEL A  
Address: 7551 SW 58 STREET  
City-St-Zip: MIAMI, FL 33143

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: CATHERINE CLARK REYES

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04/27/2009

Electronic Signature of Signing Officer or Director

Date