


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90008 019 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000032302</b>                    |  |
| 1. Entity Name<br><b>ROCKWELL NUTRITION, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>1000 WEST AVE<br/>906<br/>MIAMI BEACH, FL 33139</b> | Mailing Address<br><b>670 NE 53 ST<br/>MIAMI, FL 33137</b> |
|---|--|

34061006



|   |  |
|---|--|
| 2. Principal Place of Business<br><b>5701 COLLINS AVE</b> | 3. Mailing Address<br><b>1200 WEST AVE</b> |
| Suite, Apt. #, etc.<br><b>814</b>                         | Suite, Apt. #, etc.<br><b>1224</b>         |
| City & State<br><b>MIAMI BEACH, FL</b>                    | City & State<br><b>MIAMI BEACH, FL</b>     |
| Zip<br><b>33140</b>                                       | Country<br><b>USA</b>                      |
| Zip<br><b>33139</b>                                       | Country<br><b>USA</b>                      |

07072004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>04-3646511</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GELFAND, ELLIOTT J<br/>10661 N KENDALL DR STE 201<br/>MIAMI, FL 33176</b> |  |
|---|--|

|  |                    |
|--|--------------------|
| 7. Name and Address of New Registered Agent        |                    |
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> Zip Code |

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 \_\_\_\_\_


**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ROCKWELL, ANNIKA L<br/>670 NE 53 ST<br/>MIAMI, FL 33137</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>ROCKWELL, ANNIKA L.<br/>1200 WEST AVE #1224<br/>MIAMI BEACH, FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:  **ANNIKA ROCKWELL** **7/7/04** **305-534-1399**  
date phone