2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051641

Entity Name: NUTRIALLIFE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 14921 SW 82ND LANE
 7805 CAMINO REAL

 SUITE 108
 SUITE H-301

 MIAMI, FL 33193
 MIAMI, FL 33143

Current Mailing Address: New Mailing Address:

 14921 SW 82ND LANE
 7805 CAMINO REAL

 SUITE 108
 SUITE H-301

 MIAMI, FL 33193
 MIAMI, FL 33143

FEI Number: 02-0599470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEZERRA, ROBERTO F
14921 SW 82ND LANE
SUITE 108
MIAMI, FL 33193
FRANCISCO, SORRENTINO
7805 CAMINO REAL
SUITE H-301
MIAMI, FL 33243

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: FRANCISCO SORRENTINO 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 SORRENTINO, FRANCISCO

 Address:
 14921 SW 82 LANE #108

 City-St-Zip:
 MIAMI, FL 331933113

 Title:
 VD
 () Delete

 Name:
 SORRENTINO, ANA GLORIA

 Address:
 14921 SW 82ND LANE

 City-St-Zip:
 MIAMI, FL 331933113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SORRENTINO, FRANCISCO
Address: 7805 CAMINO REAL
City-St-Zip: MIAMI, FL 33143

Title: VD (X) Change () Addition
Name: SORRENTINO, ANA GLORIA
Address: 7805 CAMINO REAL
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCISCO SORRENTINO PD 04/30/2004