



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000102394 1. Entity Name NOURISHING WOMEN CORP.	
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Principal Place of Business 18170 NW 18 ST PEMBROKE PINES, FL 33029	Mailing Address 18170 NW 18 ST PEMBROKE PINES, FL 33029
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DO NOT WRITE IN THIS SPACE

	
05102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 04-3714039	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURCIANO-LUNA, LEONOR 18170 NW 18 ST PEMBROKE PINES, FL 33029
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURCIANO-LUNA, LEONOR 18170 NW 18 ST PEMBROKE PINES, FL 33029
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<p>U000000161547 05/26/04-80003-016 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>5/23/04</u> Daytime Phone # <u>954 583 0833</u>