

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 015 ***155.00

DOCUMENT # P03000009448 1. Entity Name AMERICAN NUTRITION CENTRES INC.			
Principal Place of Business 5770 LAKESIDE DRIVE 823 MARGATE, 33063		Mailing Address 5770 LAKESIDE DRIVE 823 MARGATE, 33063	
2. Principal Place of Business 979 E Commercial Blvd Suite, Apt. #, etc.		3. Mailing Address 979 E Commercial Blvd Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL Zip 33334 Country USA		City & State Ft. Lauderdale, FL Zip 33334 Country	
4. FET Number 45-0497755		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 RAFEEL, SHAHEED 5770 LAKESIDE DR 823 MARGATE, FL 33063		7. Name and Address of New Registered Agent Name HUSSEIN, SHEIK Street Address (P.O. Box Number is Not Acceptable) 3763 CYPRESS FERN WAY City CORAL SPRINGS FL Zip Code 33065	
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 DATE 10/15/04 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P SHAHEED, RAFEEL 5770 LAKESIDE DR/823 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAHEED RAFEEL 12848 SW 51 ST. MIRAMOR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEIN, SHEIK 3763 CYPRESS FERN WAY CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 9/14/04 Daytime Phone # 954-493-7778	

American Nutrition Centre

57073178

P03000009448

979 E Commercial Blvd

Ft. Lauderdale, FL 33334

9/15/04

To whom it may concern:

Please be understanding for the late filing of this report, since it's the result of circumstances beyond our control.

(1) The address filed with the registered agent is no longer a valid address and I was not aware of the impending deadline for filing this report.

(2) The recent hurricane activities in our area has forced us to closed our operation and the subsequent loss of power has left us in the dark until a few days ago.

If you have any questions please give us a call at 954-493-7778.

Regards,

Shahed Rafique .