

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90809 001 *****8.75
04-26-2004 90809 002 ***150.00

DOCUMENT # P03000036559



1. Entity Name
VITAFEX, INC.

Principal Place of Business
6902 SW 20 ST
POMPAO BCH, FL 33068

Mailing Address
6902 SW 20 ST
POMPAO BCH, FL 33068

66415225



2. Principal Place of Business
5440 N. STATE RD. 7

3. Mailing Address
5440 N. STATE RD. 7

Suite, Apt. #, etc.
SUITE 211

Suite, Apt. #, etc.
SUITE 211

City & State
NORTH LAUDERDALE FL

City & State
NORTH LAUDERDALE, FL

Zip
33319

Country
USA

Zip
33319

Country
USA

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
55-0825954

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BORTAGARAY, LUIS
6902 SW 20 ST
POMPAO BCH, FL 33068

7. Name and Address of New Registered Agent

Name
COHEN, FEDERICO
Street Address (P.O. Box Number is Not Acceptable)
912 SW 22 AVE. APT 4
City
FT. LAUDERDALE FL Zip Code
33312

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 *Federico Cohen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
BORTAGARAY, LUIS
6902 SW 20 ST
POMPAO BCH, FL 33068 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, FEDERICO
912 SW 22 AVE APT 4
FT LAUDERDALE, FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COHEN, FEDERICO
912 SW 22 AVE. APT 4
FT. LAUDERDALE, FL 33312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Federico Cohen* **FEDERICO COHEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

954-733-5024

Daytime Phone #