


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90086 026 ***163.75

DOCUMENT # P03000048822			
1. Entity Name NUTRAVIT, INC.			
Principal Place of Business 135 SW 19 RD MIAMI, FL 33129		Mailing Address 135 SW 19 RD MIAMI, FL 33129	
2. Principal Place of Business 167 SW. 20th Rd		3. Mailing Address 167 S.W. 20th Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami	
Zip 33129	Country U.S.A	Zip 33129	Country U.S.A
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSELL, ISABEL 135 SW 19 RD MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Isabel Rosell Street Address (P.O. Box Number is Not Acceptable) 167 SW. 20th Rd. City Miami FL Zip Code 33129	
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 Isabel Rosell Shoreup April/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSELL, ISABEL 135 SW 19 RD MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSELL, ISABEL 167 SW. 19 RD. MIAMI, FL 33129 <input checked="" 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: Isabel Rosell		Date April/19/04 Daytime Phone # (305) 8576987	