

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061302

FILED
Apr 29, 2006
Secretary of State

Entity Name: VITA SALUTE NUTRITION, INC.

Current Principal Place of Business:

7900 NW 68 ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7900 NW 68 ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 20-0189717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, OMAR
5123 NW 114 PLACE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

CONTRERAS, OMAR
8552 NW 110 AVE
DORAL, FL 33178 US

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: OMAR CONTRERAS

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONTRERAS, OMAR
Address: 5123 NW 114 PL.
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: RUIZ, EDGAR R SR.
Address: 8357 S. 700 W. # 21
City-St-Zip: SALT LAKE CITY, UT 84119 US

Title: D () Delete
Name: RUIZ, IRAIDA B
Address: 8357 S. 700 W. # 21
City-St-Zip: SALT LAKE CITY, UT 84119 US

Title: D () Delete
Name: CONTRERAS, MORELLA
Address: 5123 NW 114 PL
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONTRERAS, OMAR
Address: 8552 NW 110 AVE
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CONTRERAS, MORELLA
Address: 8552 NW 110 AVE
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: OMAR CONTRERAS

DIR

04/29/2006

Electronic Signature of Signing Officer or Director

Date