## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000100792

Entity Name: NUTRI-PLUS CORP

FILED Jan 06, 2005 Secretary of State

analy Name: No TWT 250 COM.	
Current Principal Place of Business:	New Principal Place of Business:
PO BOX 601661 NORTH MIAMI BEACH, FL 33162	13876 SW 56TH ST 441 MIAMI, FL 33175
Current Mailing Address:	New Mailing Address:
PO BOX 601661 NORTH MIAMI BEACH, FL 33162	13876 SW 56TH ST 441 MIAMI, FL 33175
FEI Number: 20-0382277 FEI Number Applied For ( ) FEI	Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
BOU, ARNALDO 1471 170 ST 123A NORTH MIAMI BEACH, FL 33162 US	HERNANDEZ, MAYKEL 13876 SW 56TH ST 441 MIAMI, FL 33175 US
The above named entity submits this statement for the purposin the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE: HERNANDEZ, MAYKEL	01/06/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: DP ( ) Delete Name: HERNANDEZ, HUMBERTO Address: PO BOX 601661 City-St-Zip: NORTH MIAMI BEACH, FL 33162	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: DV ( ) Delete Name: RODRIGUEZ, IDANIA Address: PO BOX 601661 City-St-Zip: NORTH MIAMI BEACH, FL 33162	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: ( ) Delete Name: Address: City-St-Zip:	Title: DS ( ) Change (X) Addition  Name: HERNANDEZ, MAYKEL  Address: 13876 SW 56TH ST SUITE # 441  City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HERNANDEZ, HUMBERTO DP 01/06/2005