## P03000107418

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special instructions to Filing Officer: Run Vasallo Authorized Adding Current RA Information to Form. 3/31/04						





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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CLOBAL / IMAGE NUTRITION INC. (Name of corporation)
DOCUMENT NUMBER: 60 3000 10 7 418
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONALD VASSALLO (Name of person)
Please return all correspondence concerning this matter to the following:  RONALO VASIALLO (Name of person)  GLOBAL IMAGE NUTRITION INC. (Name of firm/company)
JOH WEAVER PARK DR (Address)
CLEARWATER FL 33745 (City/state and zin code)
(
For further information concerning this matter, please call:
Zon Vasallo at (727) 224-5207 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	rovisions of sections 60	7.0502, 617.0502, 6	07.1508, or 617.1508, 1		atement of
_	ied for a corporation or			FWRIAA	in order
to change its regi	stered office or register	ed agent, or both, in	n the State of Florida.		
1. The name of th	e corporation: G	LOBAL/IMAG	E NUTRITION,	igc.	
2. The principal o	office address:	714 Courry	( ROAD F		
	<u>C</u>	luneain, Fi	_ 34648		
3. The mailing ad	ldress (if different):	2011 WEA	even PARK OR		
			ex, FL 33765		
4. Date of incorp	oration/qualification:	9-30-03	Document number: _	Po 3000 1074	18
5. The name and Florida Depart		rent registered agen	nt and registered office o	on file with the	
	92 500 Quincy	Sherry	Rd. 32351	TALLAHAS	O4 MAR 26
6. The name and (if changed):	<u>R</u> o	NALO VASS	•	stered office	FILED R 26 PH 1: 10
		(P.O. Box or personal mail			
	С	LEARWATER,	-L 33765		
The street addre changed will be	ss of its registered officidentical.	ce and the street ad	dress of the business of	ffice of its registered a	gent, as
Such change wa	s authorized by resolute corporation has been	tion duly adopted be notified in writing	y its board of directors of the change.	or by an officer so aut	thorized by
Kary	Januly	CEU	K	NALD (ATENL	so cec
I further agree t duties, and I am being filed mere been notified in	o comply with the prov	risions of all statute ept the obligation of in the registered of	agree to act in this cap es relative to the proper of my position as registe fice address, I hereby c	r and complete perforn ered avent : Or . it this	nance of my document is ation has
If signing on be	half of an entity:				
	(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·		(Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*