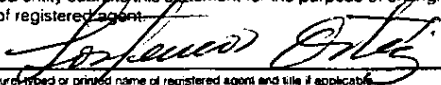


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-08-2004 90206 047 ***550.00

9/8/

DOCUMENT # P03000114889 1. Entity Name WORLD TOTAL NUTRITION, INC.					
Principal Place of Business 629 NE 64 ST APT 4 MIAMI FL 33138			Mailing Address 629 NE 64 ST APT 4 MIAMI FL 33138		
2. Principal Place of Business 100 KINGS POINT DR. Suite, Apt. #, etc. 1506 City & State SUNNY ISLES BEACH FL.		3. Mailing Address 100 KINGS POINTS DR. Suite, Apt. #, etc. 1506 City & State SUNNY ISLES BEACH FL.		66434046  MOORE CR2E034 (4/04)	
Zip 33160		Country 8844		4. FEI Number 20-0314788	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ORTIZ, FREDDY 629 NE 64 ST APT 4 MIAMI FL 33138			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 		DATE 08-31-04			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, FREDDY 629 NE 64 ST APT 4 MIAMI FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDDY ORTIZ 100 KINGS POINT DR #1506 SUNNY ISLES BEACHES FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, LASTENIA 629 NE 64 ST APT 4 MIAMI FL 33138		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ LASTENIA 100 KINGS POINT DR #1506 SUNNY ISLES BEACHES FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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: 			DATE 08-31-2004 (305) 945-6391		