2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/8/.

FILED
Sep 23, 2004 8:00 am
Secretary of State
09-08-2004 90206 047 ***550.00

66434046

MOORE CR2E034 (4/04)

DOCUMENT # P03000114889

1. Entity Name
WORLD TOTAL NUTRITION, INC.

Principal Place of Business	Mailing Address
629 NE 64 ST APT 4 MIAMI FL 33138	629 NE 64 ST APT 4 MIAMI FL 33138

2. Principal Place of Business		3. Mailing Address	
100 KINGS POINT DR.		100 KINGS POINTS DR.	
Suite, Apt. #, etc.: 1506		Suite, Apt. #, etc.: 1506	
City & State: SUNNY ISLES BEACH. Fl.		City & State: SUNNY ISLES BEACH. Fl.	
Zip: 33160	Country: EE UU.	Zip: 33160	Country: EE UU.

4. FEI Number: 20-0314788 — Applied For / Not Applicable

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 [signature] 08-31-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	P. ☐ Change ☐ Addition
NAME	ORTIZ, FREDDY		NAME	FREDDY ORTIZ
STREET ADDRESS	629 NE 64 ST APT 4		STREET ADDRESS	100 KINGS POINT DR #1506
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	SUNNY ISLES Beaches Fl. 33160
TITLE	V	☐ Delete	TITLE	V. ☐ Change ☐ Addition
NAME	ORTIZ, LASTENIA		NAME	ORTIZ LASTENIA
STREET ADDRESS	629 NE 64 ST APT 4		STREET ADDRESS	100 KINGS POINT DR #1506
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	SUNNY ISLES BEACHES Fl 33160
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Freddy Ortiz 08-31-2004. (305) 945-6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #