

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90036 001 ***150.00

DOCUMENT # P03000114889

1. Entity Name

WORLD TOTAL NUTRITION, INC.



Principal Place of Business

100 KINGS POINT DR
1506
SUNNY ISLES BEACH FL 33160

Mailing Address

100 KINGS POINT DR
1506
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

100 KINGS POINT DR

Suite, Apt. #, etc.

1506

3. Mailing Address

100 KINGS POINTS DR

Suite, Apt. #, etc.

1506

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACHES FL

Zip

33160

Country

EE 44

Zip

33160

Country

EE 44



1st MOORE

CR2E034 (10/04)

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ORTIZ, FREDDY
STREET ADDRESS 100 KINGS POINT DR # 1506
CITY-ST-ZIP SUNNY ISLES BEACHES FL 33160

TITLE V ☐ Delete
NAME ORTIZ, LASTENIA
STREET ADDRESS 100 KINGS POINT DR # 1506
CITY-ST-ZIP SUNNY ISLES BEACHES FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☐ Addition
NAME *FREDDY ORTIZ*
STREET ADDRESS *100 KINGS POINT DR #1506*
CITY-ST-ZIP *SUNNY ISLES BEACHES FL 33160*

TITLE V ☐ Change ☐ Addition
NAME *LASTENIA ORTIZ*
STREET ADDRESS *100 KINGS POINT DR #1506*
CITY-ST-ZIP *SUNNY ISLES BEACHES FL 33160*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-4/2005 (305) 945 6391

Date

Daytime Phone #