


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90041 012 ***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
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2. Principal Place of Business <i>100 Kings Point Dr</i> Suite, Apt. #, etc. <i>1506</i>	3. Mailing Address <i>100 Kings Point Dr.</i> Suite, Apt. #, etc. <i>1506</i>
City & State <i>Sunny Isles Beach FL</i>	City & State <i>Sunny Isles Beach FL</i>
Zip <i>33160</i>	Country <i>U.S.A.</i>

	
05012006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-0314788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORTIZ, FREDDY 629 NE 64 ST APT 4 MIAMI, FL 33138	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, FREDDY 100 KINGS POINT DR # 1506 SUNNY ISLES BEACHES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREDDY ORTIZ 100 KINGS POINT DR # 1506 SUNNY ISLES BEACHES FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, LASTENIA 100 KINGS POINT DR # 1506 SUNNY ISLES BEACHES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LASTENIA ORTIZ 100 KINGS POINT DR # 1506 SUNNY ISLES BEACHES FL 33160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Freddy Ortiz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>04-16-2006</i> Daytime Phone #