2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000129078

Entity Name: HUMAN NUTRITION, INC

FILED Jan 27, 2004 Secretary of State

15291 NW 60 AVE 15291 NW 60 AVE

200 SUITE 200

MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

15291 NW 60 AVE 15291 NW 60 AVE

00 SUITE 200

MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

FEI Number: 35-2218398 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOMEZ, RODRIGO GOMEZ, RODRIGO 15291 NW 60 AVE 15291 NW 60 AVE

200 SUITE 200

MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33014 US

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.

SIGNATURE: RODRIGO GOMEZ 01/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 GOMEZ, RODRIGO
 Name:

 Address:
 15291 NW 60 AVE, SUITE 200
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:

Title: VP () Delete Title: T (X) Change () Addition

Name: SOLARTE, CARLOS Name: MONTES, IGNACIO

 Address:
 15291 NW 60 AVE, SUITE 200
 Address:
 15291 NW 60 AVE, SUITE 200

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI LAKES, FL 33014

 Name:
 MONTES, IGNACIO
 Name:
 GOMEZ, JOHANNA

 Address:
 15291 NW 60 AVE, SUITE 200
 Address:
 15291 NW 60 AVE, SUITE 200

Address: 15291 NW 60 AVE, SUITE 200 Address: 15291 NW 60 AVE, SUITE 200 City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

Title: S (X) Delete Title: () Change () Addition

 GOMEZ, JOHANNA
 Name:

 15291 NW 60 AVE, SUITE 200
 Address:

 MIAMI LAKES, FL 33014
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODRIGO GOMEZ P 01/27/2004