

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072827

FILED
Apr 27, 2007
Secretary of State

Entity Name: ORGANIC NUTRITIONAL FITNESS CONSULTANTS, CORP

Current Principal Place of Business:

8346 QUAIL MEADOW WAY
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

8346 QUAIL MEADOW WAY
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 20-1124743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CONTRERAS, CLAUDIA
2005 ATLANTIC STREET
SUITE #422
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

CONTRERAS, CLAUDIA
8346 QUAIL MEADOW WAY
WEST PALM BEACH, FL 33412 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: _____ 04/27/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONTRERAS, CESAR
Address: 8346 QUAIL MEADOW WAY
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: VP () Delete
Name: CONTRERAS, CLAUDIA
Address: 8346 QUAIL MEADOW WAY
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: S () Delete
Name: CONTRERAS, CESAR SR
Address: 161 CRANDON BLVD APT #327
City-St-Zip: KEY BISCAWAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CESAR CONTRERAS P 04/27/2007
Electronic Signature of Signing Officer or Director Date