

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 048 ***150.00

DOCUMENT # P04000087823

1. Entity Name
BIO PHARM NUTRITION, INC.



Principal Place of Business

**3533 EDGEWATER DR
SEBRING, FL 33872**

Mailing Address

**3533 EDGEWATER DR
SEBRING, FL 33872**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0724183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
- Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	GOAD, JAMES T
STREET ADDRESS	3533 EDGEWATER DR
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	P
NAME	DIAZ, DANIEL
STREET ADDRESS	10231 NEWINGTON DR.
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	P
NAME	CABRERA, EVA
STREET ADDRESS	728 CRESTING OAK CIR.
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	P
NAME	SULLIVAN, COLIN
STREET ADDRESS	7920 VILLAGE GREEN RD
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	P
NAME	PEREZ, HECTOR R
STREET ADDRESS	18336 BEVERLY RD. APT 6C
CITY-ST-ZIP	KEW GARDENS, NY 11415
TITLE	P
NAME	FARAH, DIEGO
STREET ADDRESS	7103 OLD PUMPKIN LANE
CITY-ST-ZIP	WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Goad
James T. Goad

1/29/08 863-835-0447
Date Daytime Phone #

ATTACHMENT

40090127

P04000087823

Additional Partner

P

Diaz, David

10231 Newington Dr.

Orlando, FL 32836