

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 10, 2007 08:00 AM  
Secretary of State

DOCUMENT # P05000006993

1. Entity Name  
NUTRAMEDICA, INC.



Principal Place of Business  
4045 SHERIDAN AVE  
#363  
MIAMI BEACH, FL 33140 US

Mailing Address  
4045 SHERIDAN AVE  
#363  
MIAMI BEACH, FL 33140 US



07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2498888	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

KENNEY, JUDITH  
777 BRICKELL AVE  
STE 1070  
MIAMI, FL 33131

**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, 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)

07/10/07-80025-005-150.00  
000000767906  
07/10/07-80025-005-150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KESSLER, MICHAEL J
STREET ADDRESS	4045 SHERIDAN AVE #363
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

**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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-10-07 305-841-3355