2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 03, 2006 8:00 am
Secretary of State
03-22-2006 90015 050 ***150.00

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1. Entity Name
MUSCLE INC. NUTRITION

66008123

01202006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
12328 S.W. 127 Ave MIAMI FL. 33186	8856 N.W 161 TERR MIAMI LAKES FL. 33018

2. Principal Place of Business	3. Mailing Address
12328 SW 127 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLA	City & State
Zip: 33186 Country: DADE	Zip Country

4. FEI Number: SR 16-1734939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, OSCAR R III 16755 SW 87 PLACE MIAMI,FL, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANCHEZ, OSCAR R III 16755 SW 87 PLACE MIAMI, FL 33157	☐ Delete PRES.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANCHEZ, OSCAR SR 16755 SW 87 PLACE MIAMI, FL 33157	☐ Delete V. PRES	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OSCAR R. SANCHEZ JR 16755 S.W. 87 PL - MIAMI FL. 33157	☐ Delete TREASURER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 reports 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: _____ OSCAR R. SANCHEZ Sr 3/13/06 305-8890904
SIGNATURE AND TYPED OR PRINTED NAME OF MISSING OFFICER OR DIRECTOR Date Daytime Phone #

Secretaries