

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000143892

1. Entity Name
NUTRITIONAL ALTERNATIVE MEDICINE CENTER,
CORP.



FILED

06 MAR 30 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8181 NW SOUTH RIVER DR LOT A145
MEDLEY, FL 33166

Mailing Address
8181 NW SOUTH RIVER DR LOT A145
MEDLEY, FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

203834907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MERAYO, RAMON D SR
8181 NW SOUTH RIVER DR LOT A 145
MEDLEY, FL 33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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 **P** ☐ Delete
NAME **MERAYO, RAMON D SR**
STREET ADDRESS **8181 NW SOUTH RIVER DR LOT A 145**
CITY-ST-ZIP **MEDLEY, FL 33166**

TITLE **VP** ☐ Change ☒ Addition
NAME **NIURYS AGUILAR**
STREET ADDRESS **8181 NW SOUTH RIVER DR LOT 145**
CITY-ST-ZIP **MEDLEY, FL 33166**

TITLE **VP** ☒ Delete
NAME **BULTET, JOAQUIN SR**
STREET ADDRESS **8181 NW SOUTH RIVER DR LOT A 145**
CITY-ST-ZIP **MEDLEY, FL 33166**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #