

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049248

Entity Name: CMI NUTRITION INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

3810 N 29TH AVE
HOLLYWOOD, FL 33020

New Principal Place of Business:

1804 SHERMAN STREET
HOLLYWOOD, FL 33020

Current Mailing Address:

3810 N 29TH AVE
HOLLYWOOD, FL 33020

New Mailing Address:

1804 SHERMAN STREET
HOLLYWOOD, FL 33020

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLZ, MARIKA
1804 SHERMAN ST.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

TRUSTEE & RECEIVER SERVICE COMPANY, LLC
2699 STIRLING RD.
A-201
FT. LAUDERDALE, FL 33312 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: CHAPMAN SMITH, ESQ.

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ETTINGER, DERRICK
Address: 3810 N. 29 AVE.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: ETTINGER, ROBERT
Address: 3000 ISLAND BLVD., APT 1601
City-St-Zip: AVENTURA, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: MARIKA TOLZ, RECEIVER
Address: 1804 SHERMAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: MARIKA TOLZ, RECEIVER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date