
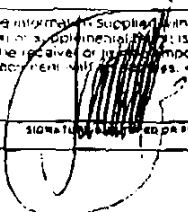


**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90051 030 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P07000016157</b>			
1. Entity Name ANTILLES NUTRITION CORPORATION			
Principal Place of Business 11900 BISCAYNE BLVD. SUITE 807 MIAMI, FL 33181		Mailing Address 11900 BISCAYNE BLVD. SUITE 807 MIAMI, FL 33181	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>26-1746053</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLASER, ALLAN M 11900 BISCAYNE BLVD. SUITE 807 MIAMI, FL 33181		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP	PD LEVY, SAMUEL 11900 BISCAYNE BLVD. SUITE 807 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 liquidator 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 attached exhibit, with all other like empowered.			
SIGNATURE: 		4/4/08	
SIGNATURE OF REGISTERED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66011823



01092008 Chg-P CR2E034 (12/06)



ATTACHMENT  
66011828  
#P07000016157

**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

**Congratulations! Your EIN has been successfully assigned.**

EIN Assigned: 26-1740053

Legal Name: ANTILLES NUTRITION CORP

**IMPORTANT:**

Save and/or print this page and the confirmation letter below for your permanent records. You will NOT be able to return to this page once you exit the application. This confirmation letter is your official IRS notice and contains important information regarding your EIN.

[Your EIN Confirmation Letter](#)

[with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

**Continue**

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