

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000084052

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA SPORTS NUTRITION, INC.

**Current Principal Place of Business:**

323 NW 3RD LANE  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

2311 SANTA BARBARA BLVD.  
#103  
CAPE CORAL, FL 33991

**Current Mailing Address:**

323 NW 3RD LANE  
CAPE CORAL, FL 33993

**New Mailing Address:**

2311 SANTA BARBARA BLVD.  
#103  
CAPE CORAL, FL 33991

**FEI Number:** 26-0627550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLYKAS, GIANNIS M  
323 N.W. 3RD LANE  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

GLYKAS, GIANNIS M  
2311 SANTA BARBARA BLVD.  
#103  
CAPE CORAL, FL 33991 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:** GIANNIS M. GLYAS

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** GLYKAS, GIANNIS  
**Address:** 2311 SANTA BARBARA BLVD.#103  
**City-St-Zip:** CAPE CORAL, FL 33991 US

I hereby 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 all other like empowered.

**SIGNATURE:** GIANNIS M. GLYKAS

DPST

04/13/2012

Electronic Signature of Signing Officer or Director

Date