

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000017390

**Entity Name:** NUTRADE ENTERPRISES, INC.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2893 EXECUTIVE PARK DRIVE  
127  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2893 EXECUTIVE PARK DR STE 127  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 42-1767587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAUL SALVER, PA  
2721 EXECUTIVE PARK DR STE 3  
WESTON, FL 33331 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ORMO SARASA, LUIS C  
Address: 1744 SPARROW LANE  
City-St-Zip: WESTON, FL 33327 US

Title: VPD  
Name: ORMO PINANGO, LUIS C  
Address: 1744 SPARROW LANE  
City-St-Zip: WESTON, FL 33327

Title: D  
Name: ORMO PINANGO, GUSTAVO E  
Address: 1744 SPARROW LANE  
City-St-Zip: WESTON, FL 33327

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: LUIS ORMO SARASA

P

02/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date