

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075918

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** NUTRITION DISTRIBUTORS INC.

**Current Principal Place of Business:**

11914 SW 88 STREET  
MIAMI, FL 33186

**New Principal Place of Business:**

11914 SW 88 STREET  
MIAMI, FL 33186 US

**Current Mailing Address:**

11914 SW 88 STREET  
MIAMI, FL 33186

**New Mailing Address:**

11914 SW 88 STREET  
MIAMI, FL 33186 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

BIZCPAS, LLP.  
1300 SW 84TH AVE  
MIAMI, FL 33126 US

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

BIZCPAS, LLP.  
1300 NW 84TH AVE  
MIAMI, FL 33126 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARNAIZ, RYAN  
Address: 11914 SW 88 STREET  
City-St-Zip: MIAMI, FL 33186 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: RYAN ARNAIZ

Electronic Signature of Signing Officer or Director

PD

04/27/2011

Date