

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000088115

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** POP-I'S NUTRITIONAL SUPPLEMENT, INC.

**Current Principal Place of Business:**

10000 S.W. 56 STREET  
MIAMI, FL 33165 US

**New Principal Place of Business:**

10000 S.W. 56 STREET  
STE 108  
MIAMI, FL 33165 US

**Current Mailing Address:**

10000 S.W. 56 STREET  
MIAMI, FL 33165 US

**New Mailing Address:**

10000 S.W. 56 STREET  
STE 108  
MIAMI, FL 33165 US

**FEI Number:** 27-1185722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, CARIDAD M  
10000 S.W. 56 STREET  
MIAMI, FL 33165 US

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

DIAZ, CARIDAD M  
10000 S.W. 56 STREET  
STE 108  
MIAMI, FL 33165 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: CARIDAD DIAZ

02/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: VEGA, LAZARO  
Address: 10000 S.W. 56 STREET  
City-St-Zip: MIAMI, FL 33165 US

Title: P  
Name: DIAZ, CARIDAD M  
Address: 10000 S.W. 56 STREET  
City-St-Zip: MIAMI, FL 33165 US

Title: TS  
Name: DIAZ, CARIDAD M  
Address: 10000 S.W. 56 STREET  
City-St-Zip: MIAMI, FL 33165 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: CARIDAD DIAZ

P

02/28/2012

Electronic Signature of Signing Officer or Director

Date