

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000016314

FILED  
May 24, 2012  
Secretary of State

**Entity Name:** ORIGINS NATURAL FOODS, INC.

**Current Principal Place of Business:**

17000 N.BAY RD.  
APT # 1210  
SUNNY ISLES BEACH, FL 33160 42

**New Principal Place of Business:**

93 SE 2ND ST  
MIAMI, FL 33131

**Current Mailing Address:**

17000 N.BAY RD.  
APT # 1210  
SUNNY ISLES BEACH, FL 33160 42

**New Mailing Address:**

**FEI Number:** 27-5349037

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAGEL, JAMES P ESQ.  
150 ALHAMBRA CIRCLE  
SUITE 1270  
CORAL GABLES, FL 33134 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: D, P  
Name: PAZ, DUNIA E  
Address: 1700 N. BAY APT# 1210  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S  
Name: PAZ, DUNIA E  
Address: 1700 N. BAY APT# 1210  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: DUNIA E PAZ

PD

05/24/2012

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

\_\_\_\_\_  
Date