

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026002

**Entity Name:** NUTRI HERB SYNERGY, INC.

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9845 PINES BLVD  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

9845 PINES BLVD  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 45-0642098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NGUYEN, VU M  
9845 PINES BLVD.  
PEMBROKE PINES, FL 33024 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:** DPT  
**Name:** NGUYEN, VU M  
**Address:** 8420 NW 8TH STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

**Title:** S  
**Name:** TRAN, THUONG  
**Address:** 10020 COCONUT RD. #136  
**City-St-Zip:** BONITA SPRING, FL 34135 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:** VU MINH NGUYEN

DPT

04/20/2012

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

\_\_\_\_\_  
Date