

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077889

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** NUTRITION MEDIA ENTERPRISES, INC.

**Current Principal Place of Business:**

2659 NE 19TH AVENUE  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

2659 NE 9TH AVE  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

2659 NE 19TH AVENUE  
CAPE CORAL, FL 33909

**New Mailing Address:**

2659 NE 9TH AVE  
CAPE CORAL, FL 33909

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELSAFY, TAMER  
2659 NE 19TH AVENUE  
CAPE CORAL, FL 33909 US

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

ELSAFY, TAMER  
2659 NE 9TH AVE  
CAPE CORAL, FL 33909 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: TAMER ELSAFY

01/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ELSAFY, TAMER  
Address: 2659 NE 9TH AVE  
City-St-Zip: CAPE CORAL, FL 33909 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: TAMER ELSAFY

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date