

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000085117

Entity Name: COD NUTRITION INC

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4481 LAKE WORTH RD  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4481 LAKE WORTH RD  
LAKE WORTH, FL 33461

**New Mailing Address:**

FEI Number: 45-3477755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORTIZ, STEVEN  
1270 PARKSIDE GREEN DR  
APT A  
GREENACRES, FL 33415 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: P  
Name: ORTIZ, STEVEN  
Address: 4481 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL 33461

Title: TR  
Name: DUQUE, JONATHAN  
Address: 17404 SW 31ST CT  
City-St-Zip: MIRAMAR, FL 33029

Title: VP  
Name: CUEVAS, BRYAN  
Address: 983 NW 168TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: BRYAN CUEVAS

VP

02/29/2012

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

\_\_\_\_\_  
Date