2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am

						Secretary of State					
DOCUMENT # P9400002865 1. Entity Name ORAZAL NUTRITION, INC.						04-28-2004 90168 001 ***150.00					
Principal Place of Business Mailing Address											
7805 CORAL	. WAY	7805 CORAL WAY					Λ.	• ^ ^ 1	n n		
#104B	-	#104B				94068902					
MIAMI, FL 33155 US MIAMI, FL 33155 US							:	III Beili Beilt (188 1)	IONE CHELDINE	FA) (1 17 1	
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03102004	Chg-P	CR2E034	(10/03)		
City & State	e : : : : : : : : : : : : : : : : : : :	City & State			4. FEI Number Applied For 65-0459655 Not Applicable						
Zip Country		Zip Coun		itry	5. Certificate of Status Desired			<u>\$</u> €	\$8.75 Additional		
•	R Name and Address of Current	Penistered Agent		T .	1			_ Fe	e Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									301	$\overline{}$	
GARCIA, L				Street Address (P.O. Box Number is Not Acceptable)							
-3775 CW-1				Street Age	dress (I	O. Box Number	r is Not Acceptable	e) #	104	13	
MIAMI, FL 33175				10		<u> </u>	1	7	<i>,</i>		
				City				CI I	Zi <u>p Cod</u> e		
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	e named entity strongits this statement to tions of registered agent.	r the purpose of changing its	registere	ad office of it	egisteri	ed agent, or bui	h, in the State of Fit	orida. Tam ian	∆iliar witπ, a ✓	and accept	
7	1/1/							2/11	Law	/	
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Thoughton with the property of the physical of											
FILE NOW!!! FEE IS \$150.00 After May 1, 2604 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
							CONTROL TO OFF	TOEBO AND D			
10. TITLE	OFFICERS AND	Delete Delete	11. TITLE			ADDITIONS/	CHANGES TO OFF		Change	Addition	
NAME	GARCIA, LAZARO	L Detete	NAMI					y	N Ollango	_ ,	
STORET ADDRESS	9775 GW 130 AVE			EET ADDRESS	780	15 0	NRAL	' WA	144	1043	
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NAME			NAM								
STREET ADDRESS CITY-ST-ZIP		_		EET ADDRESS Y-ST-ZIP							

12. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peoprt is true and accurate and that my 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND DIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR