

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093234

FILED
Jan 15, 2004
Secretary of State

Entity Name: NUTRIMED, INC.

Current Principal Place of Business:

3314 W COLUMBUS DR
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

6015 SHELDON RD
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-3292575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, IDEL JR
6015 SHELDON RD
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUAREZ, IDEL JR
Address: 6015 SHELDON RD
City-St-Zip: TAMPA, FL 33615

Title: SD () Delete
Name: SUAREZ, IDEL
Address: 2707 N ST VINCENT STREET
City-St-Zip: TAMPA, FL

Title: TD () Delete
Name: SUAREZ, IRMA
Address: 2707 N ST VINCENT STREET
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: SUAREZ, LINDA
Address: 6015 SHELDON RD
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SUAREZ, IDEL
Address: 3316 W. AILEEN ST.
City-St-Zip: TAMPA, FL 33607

Title: TD (X) Change () Addition
Name: SUAREZ, IRMA
Address: 3316 W. AILEEN ST.
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IDEL SUAREZ, JR.

P

01/15/2004

Electronic Signature of Signing Officer or Director

_____ Date