


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000004002 1. Entity Name NUTRITIONAL POWER CENTER, INC.		
Principal Place of Business 631 LINCOLN ROAD MIAMI BEACH, FL	Mailing Address PEREZ, BEHAR & ASSOC, P.A. 13935 NW 1ST AVENUE MIAMI, FL 33168	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AMO, JAVIER 7110 N.W. 179TH ST. APT. 205 MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMO, JAVIER 7110 NW 179TH STREET APT 205 MIAMI, FL 33015	
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12. I hereby certify that the information supplied with this filing 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 report 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 trustee 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: <i>Javier Amo</i> JAVIER AMO		04/25/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0551691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000140285
04/29/04-80156-014 150.00

**DO NOT WRITE
IN THIS SPACE**