

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90078 047 \*\*\*150.00

DOCUMENT # P95000072452

1. Entity Name

INTERNATIONAL NUTRITION RESEARCH CENTER, INC.



Principal Place of Business

7900 LOS PINOS CIRCLE  
CORAL SPRINGS FL 33143

Mailing Address

7900 LOS PINOS CIRCLE  
CORAL SPRINGS FL 33143

50018404



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

7900 LOS PINOS CIRCLE

3. Mailing Address

7900 LOS PINOS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0609386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAURIZIO, LUCA  
7900 LOS PINOS CIRCLE  
CORAL SPRINGS FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LUCA-MORETTI, MAURIZIO  
STREET ADDRESS 7900 LOS PINOS CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE VS ☐ Delete  
NAME LUCA, ANNA  
STREET ADDRESS 7900 LOS PINOS CIRCLE  
CITY-ST-ZIP CORAL SPRINGS FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Anna Luca* ANNA LUCA VS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-05 (305) 740-7480

Date

Daytime Phone #