

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000072452 1. Entity Name INTERNATIONAL NUTRITION RESEARCH CENTER, INC.																																																																																																																																			
Principal Place of Business Mailing Address 7900 LOS PINOS CIRCLE 7900 LOS PINOS CIRCLE CORAL GABLES FL 33143 CORAL GABLES FL 33143																																																																																																																																			
2. Principal Place of Business		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip		Country		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 GABLES 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State																																																																																																																																			
9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 40%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">U000000437492</td> <td style="width: 40%;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>LUCA-MORETTI, MAURIZIO</td> <td></td> <td>NAME</td> <td>02/28/06-80043-017 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7900 LOS PINOS CIRCLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td>LUCA, ANNA</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7900 LOS PINOS CIRCLE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS FL 33143</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>☐ Delete</td> <td>TITLE</td> <td></td> <td>☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P	☐ Delete	TITLE	U000000437492	☐ Change ☐ Add	NAME	LUCA-MORETTI, MAURIZIO		NAME	02/28/06-80043-017 150.00		STREET ADDRESS	7900 LOS PINOS CIRCLE		STREET ADDRESS			CITY-ST-ZIP	CORAL GABLES FL 33143		CITY-ST-ZIP			TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Add	NAME	LUCA, ANNA		NAME			STREET ADDRESS	7900 LOS PINOS CIRCLE		STREET ADDRESS			CITY-ST-ZIP	CORAL SPRINGS FL 33143		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 02-14-06 305-740-74