

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000072452

FILED
Apr 29, 2009
Secretary of State

Entity Name: INTERNATIONAL NUTRITION RESEARCH CENTER, INC.

Current Principal Place of Business:

7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143

New Mailing Address:

FEI Number: 65-0609386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURIZIO, LUCA
7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

LUCA, MAURIZIO DR.
7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143 US

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: DR. MAURIZIO LUCA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUCA-MORETTI, MAURIZIO
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: LUCA, ANNA
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: LUCA, ELENA
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUCA-MORETTI, MAURIZIO DR.
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

Title: VP (X) Change () Addition
Name: LUCA, ANNA DR.
Address: 7900 LOS PINOS CIRCLE
City-St-Zip: CORAL GABLES, FL 33143

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DR. MAURIZIO LUCA-MORETTI

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date