

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 005 ***150.00

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1. Entity Name
NUTRITION WISE, INC.



Principal Place of Business
150 N U.S. HIGHWAY 1
TEQUESTA, FL 33469

Mailing Address
150 N U.S. HIGHWAY 1
TEQUESTA, FL 33469

20017596



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0630274

Applied For

Not Applicable

Zip

Country

Palm Beach

Zip

Country

Palm Beach

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, CHERYL
33 TALL OAKS CIRCLE
TEQUESTA, FL 33469

Just married

Name Cheryl Cohen Denbrink

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

323 Leigh Road

City Tequesta

FL

Zip Code 33469

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME COHEN, CHERYL A
STREET ADDRESS 33 TALL OAK CIRCLE
CITY-ST-ZIP JUPITER, FL 33469

Just married
Cheryl Cohen Denbrink
323 Leigh Road
Tequesta FL 33469

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Cheryl A Denbrink*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06 541 747 1818
Date Daytime Phone #