

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000019952

1. Entity Name
ORTHO-MED NUTRITION, INC.



Principal Place of Business
1300 SW 27TH AVE.
MIAMI, FL 33145

Mailing Address
1300 SW 27TH AVE.
SUITE 601
MIAMI, FL 33145



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0653621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOLER, MARIO A
1300 SW 27TH AVE.
MIAMI, FL 33145

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 MARTINEZ, TERESA
STREET ADDRESS 3450 S.W. 8TH STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE D
NAME ALZUGARAY, MANUEL
STREET ADDRESS 2340 S.W. 22ND STREET
CITY-ST-ZIP MIAMI, FL 33145

TITLE D
NAME FALCON, DIEGO
STREET ADDRESS 711 N.W. 23RD AVENUE
CITY-ST-ZIP MIAMI, FL 33127

TITLE D
NAME ABRIL, ALEXIS
STREET ADDRESS 2601 S.W. 37TH AVENUE
CITY-ST-ZIP MIAMI, FL 33133

TITLE D
NAME SOLER, MARIO A
STREET ADDRESS 1300 S.W. 27TH AVENUE
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000200331
01/28/05-80023-016 150.00

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IN THIS SPACE**

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: *Mario A Soler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIO A SOLER
Director

01-23-05 305-643-0071

Date

Daytime Phone #