## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000021451

Entity Name: AMERICAN NUTRITION CLINICS, INC.

FILED Apr 09, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

7900 LAS PINOS CIRCLE 7900 LOS PINOS CIRCLE CORAL GABLES, FL 33143 CORAL GABLES, FL 33143

Current Mailing Address: New Mailing Address:

7900 LAS PINOS CIRCLE
CORAL GABLES, FL 33143
7900 LOS PINOS CIRCLE
CORAL GABLES, FL 33143
CORAL GABLES, FL 33143

FEI Number: 65-0783308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUCA, MAURIZIO 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: GRANDI, ANNA Name: LUCA, ANNA

 Address:
 7900 LOS PINOS CIRCLE
 Address:
 7900 LOS PINOS CIRCLE

 City-St-Zip:
 CORAL GABLES, FL 33143
 City-St-Zip:
 CORAL GABLES, FL 33143

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: ANNA LUCA VP 04/09/2008