

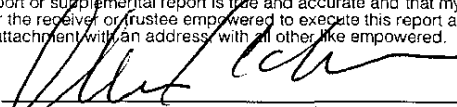


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90148 002 ***150.00

DOCUMENT # P96000037927 1. Entity Name PYRAMID NUTRITION CORPORATION						
Principal Place of Business 1200 CLINTMORE SUITE 11 BOCA RATON, FL 33064 US			Mailing Address 1200 CLINTMORE SUITE 11 BOCA RATON, FL 33487 US			
2. Principal Place of Business 1200 Clint Moore Rd. Suite, Apt. #, etc. Suite 11 City & State Boca Raton, FL Zip 33487 Country USA		3. Mailing Address 1200 Clint Moore Rd. Suite, Apt. #, etc. Suite 11 City & State Boca Raton, FL Zip 33487 Country USA				
4. FEI Number 65-0679525				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282004 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent ACKERMAN, ABRAM 1200 CLINT MOORE RD. STE. 11 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKERMAN, ABRAM 1200 CLINT MORE RD. STE. 11 BOCA RATON, FL 33487		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACKERMAN, CYNTHIA 1200 CLINT MOORE RD. STE. 11 BOCA RATON, FL 33487		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/28/04		(561) 241-2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Abram Ackerman/President						