

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90302 038 ***150.00

DOCUMENT # P96000063530

1. Entity Name

DOWNTOWN VITAMINS DISCOUNT CENTER CORP.



Principal Place of Business

**255 EAST FLAGLER ST.
SUITE # 75 - 76
MIAMI FL 33131**

Mailing Address

**255 EAST FLAGLER ST.
SUITE # 75 - 76
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0684277

Applied For
Not Applicable

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

**MOREYRA, ROSARIO
290 174ST APT 817
NORTH MIAMI BEACH FL 33160**

Name

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

City

FL

Zip Code

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:

Marcos Moreira

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MOREYRA, ROSARIO**
CITY-ST-ZIP **200-172 ST APT# 102
NORTH MIAMI BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME **Rosario Moreira**
STREET ADDRESS **290 174th St Apt 817**
CITY-ST-ZIP **Sunny Isles Beach FL 33160-3249**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MOREIRA, MARCOS**
CITY-ST-ZIP **200-172 ST APT #102
NORTH MIAMI BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME **Marcos Moreira**
STREET ADDRESS **290 174th St Apt 817**
CITY-ST-ZIP **Sunny Isles Beach FL 33160-3249**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcos Moreira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-23-2004