


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000081783</b>	
1. Entity Name <b>NUTRITION 3000, INC.</b>	

Principal Place of Business <b>519 CLEVELAND ST #101 CLEARWATER, FL 33755 US</b>	Mailing Address <b>519 CLEVELAND ST #101 CLEARWATER, FL 33755 US</b>
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**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3447637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LYONS, GARY 311 S. MISSOURI AVENUE CLEARWATER, FL 33756</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000076368 03/04/04-80026-003 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC OLALDE, JOSE 519 CLEVELAND ST #101 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST GENTSCH, DIETRICH K 519 CLEVELAND ST #101 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GENTSCH, MARJORIE 519 CLEVELAND ST #101 CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
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)(f), 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:  <b>D. KLAUS GENTSCH</b>	<b>22 FEB 2004</b>	<b>787-370-4005</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #