

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000081783

Entity Name: NUTRITION 3000, INC.

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

519 CLEVELAND ST  
#101  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

## Current Mailing Address:

519 CLEVELAND ST  
#101  
CLEARWATER, FL 33755 US

## New Mailing Address:

P. O. BOX 6181  
BAYAMON, PR 00960 US

FEI Number: 59-3447637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYONS, GARY  
311 S. MISSOURI AVENUE  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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:

Title: DC ( ) Delete  
Name: OLALDE, JOSE  
Address: 519 CLEVELAND ST #101  
City-St-Zip: CLEARWATER, FL 33755

Title: DPST ( ) Delete  
Name: GENTSCH, DIETRICH K  
Address: 519 CLEVELAND ST #101  
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete  
Name: GENTSCH, MARJORIE  
Address: 519 CLEVELAND ST #101  
City-St-Zip: CLEARWATER, FL 33755

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: D. KLAUS GENTSCH

P

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date