


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90358 032 \*\*\*150.00

<b>DOCUMENT # P96000093179</b>	
1. Entity Name <b>METABOLIC RESEARCH INSTITUTE, INC.</b>	

Principal Place of Business <b>1411 NORTH FLAGLER DRIVE #4600 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>1411 NORTH FLAGLER DRIVE #4600 WEST PALM BEACH, FL 33401</b>
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**50041116**



2. Principal Place of Business <b>1515 N. Flagler Dr. Suite, Apt. #, etc. Suite 440 City &amp; State West Palm Beach, FL Zip 33401 Country USA</b>	3. Mailing Address <b>1515 N. Flagler Dr. Suite, Apt. #, etc. Suite 440 City &amp; State West Palm Beach, FL Zip 33401 Country USA</b>
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01062005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>HOROWITZ, BARRY S.M.D. 1411 NORTH FLAGLER DRIVE #4600 WEST PALM BEACH, FL 33401</b>	
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7. Name and Address of New Registered Agent Name <b>Horowitz, Barry S. MD</b> Street Address (P.O. Box Numbers Not Acceptable) <b>1515 N. Flagler Dr. Suite 440</b> City <b>West Palm Beach FL</b> Zip Code <b>33401</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 <u><b>Barry S. Horowitz</b></u> DATE <u><b>4-18-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KAYE, WILLIAM A 302 EDEN ROAD PALM BEACH, FL 33480</b> <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	<b>VPD HOROWITZ, BARRY 129 THORTON DR. PALM BCH GARDENS, FL 33418</b> <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	<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	<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: <u><b>Barry S. Horowitz</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><b>4-18-05</b></u> <small>Day Month Year</small>