

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000098490

1. Entity Name
ULTIMATE NUTRITION & HEALTH, INC.



Principal Place of Business
2240 NE 123RD STREET
NORTH MIAMI, FL 33181 US

Mailing Address
2240 NE 123RD STREET
NORTH MIAMI, FL 33181 US



04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0725530
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURTZ, RON B
4000 TOWERSIDE TERR
1509
MIAMI SHORES, FL 33138

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
LARSEN, ANDREA B
4000 TOWERSIDE TERR, #1509
MIAMI SHORES, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

1100000513996
04/29/06-80153-013 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

Andrea Larsen

4/13/06 (305) 895-5533