


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 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	



DO NOT WRITE IN THIS SPACE

07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0725530	Applied For Not Applicable
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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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE	
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CITY- ST ZIP	

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07/10/07-80021-001 558.75

**DO NOT WRITE
IN THIS SPACE**

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

Daytime Phone #

7-5-07 305-55533