

**DOCUMENT # P97000034803**

**1. Entity Name**  
**CYPRESS NUTRITION, INC.**

Principal Place of Business	Mailing Address
5703 N. UNIVERSITY DR TAMARAC FL 33321	5703 N. UNIVERSITY DR TAMARAC FL 33321

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
<b>RODRIGUEZ, MIGUEL J</b> <b>4801 S UNIVERSITY DR</b> <b>STE 3000</b> <b>DAVIE FL 33325</b>	Name
	Street Address (Full)
	City

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

TITLE	D	<input type="checkbox"/> Delete
NAME	YIBIRIN, SERGIO E	
STREET ADDRESS	10885 NW 46TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	YSBIRIN, BERNARDO A	
STREET ADDRESS	4650 NW 100TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ ✓ Donald Gibson ✓ 4/17/01 ✓ 954-680-6114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 90045 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0756403</b>	Applied For
	Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>7. Name and Address of New Registered Agent</b>	
(P.O. Box Number is Not Acceptable)	
<b>FL</b>	Zip Code

CR2E034 (10/00)