
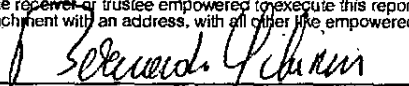


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000034803		
1. Entity Name CYPRESS NUTRITION, INC.		
Principal Place of Business 5703 N. UNIVERSITY DR TAMARAC, FL 33321	Mailing Address 5703 N. UNIVERSITY DR TAMARAC, FL 33321	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR STE 3000 DAVIE, FL 33325		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YIBIRIN, SERGIO E 6582 N STATE ROAD 7 COCONUT CREEK, FL 33073	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YSBIRIN, BERNARDO A 6582 N STATE ROAD 7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Date: 4/16/05 Daytime Phone #: 954-680-6114



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0756403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/21/05-80056-015 150.00