

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000083721

FILED
Feb 14, 2012
Secretary of State

Entity Name: NUTRITION FORMULATORS, INC.

Current Principal Place of Business:

10407 N. COMMERCE PKWY.
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

10407 N. COMMERCE PKWY.
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: 65-0783672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAUBARD, ADOLFO
1061 TWIN BRANCH LANE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: GRAUBARD, ADOLFO
Address: 1061 TWIN BRANCH LANE
City-St-Zip: WESTON, FL 33326

Title: T
Name: GRAUBARD, VIVIAN
Address: 1061 TWIN BRANCH LANE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADOLFO GRAUBARD

PSD

02/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date