
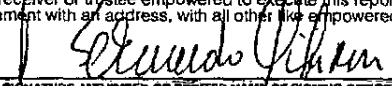


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P97000086464 1. Entity Name TOWER NUTRITION CENTER, 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 33328		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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YIBIRIN, BERNARDO 6582 N. STATE RD 7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YIBIRIN, MARIA. 6582 N. STATE RD 7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YIBIRIN, SERGIO 6582 N. STATE RD 7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YIBIRIN, GINETH M 6582 N. STATE RD 7 COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/16/05 Date 954-680-6114 Daytime Phone #



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0785985** Applied For
Not Applicable

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

000000320887
04/21/05-80056-016 150.00

**DO NOT WRITE
IN THIS SPACE**