

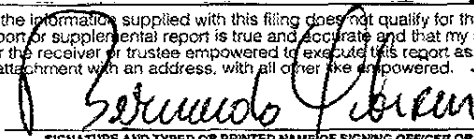


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P97000086510 1. Entity Name RIVERWALK NUTRITION CENTER, INC. | | | |  | |
| Principal Place of Business 5703 N UNIVERSITY DR TAMARAC, FL 33321 US | | | Mailing Address 5703 N UNIVERSITY DR TAMARAC, FL 33321 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  04132004 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | | |
| Zip Country | | Zip Country | | | |
| 4. FEI Number 65-0786052 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL J 4801 S UNIVERSITY DR, STE 3000 DAVIE, FL 33328 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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, 2004 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 | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YIBIRIN, BERNARDO <input type="checkbox"/> Delete 6582 N STATE ROAD 7 COCONUT CREEK, FL 33073 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000120180 04/19/04-60123-010 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YIBIRIN, MARIA R <input type="checkbox"/> Delete 6582 N STATE ROAD 7 COCONUT CREEK, FL 33073 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YIBIRIN, SERGIO <input type="checkbox"/> Delete 6582 N STATE ROAD 7 COCONUT CREEK, FL 33073 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YIBIRIN, GINETH M <input type="checkbox"/> Delete 6582 N STATE ROAD 7 COCONUT CREEK, FL 33073 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | | Date 4/14/04 Daytime Phone # 954-574-9699 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |