FOR PROFIT CORPORATION
~~UNIFORM BUSINESS REPORT (UBR)~~ 2006 REINSTATEMENT

04-19-2006 90103 002 ***150.00
P97000086510

DOCUMENT # P97000086510

1. Entity Name
RiverWALK Nutrition Center, Inc

FILED
06 MAY 30 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

20032949
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6582 N. State Rd 7	6582 N. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33073 County: US	Zip: 33073 County: US

4. FEI Number: 65-0786052 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Rodriguez, Miguel J.
Street Address (P.O. Box Numbers Not Acceptable)
4801 S University Dr. Ste 3010
City: Davie FL Zip Code: 33328

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 _____ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE D NAME Yisinin, Bernardo STREET ADDRESS 6582 N. State Rd 7 CITY-ST-ZIP Coconut Creek, FL 33073	TITLE NAME **REINSTATEMENT** 05-06 STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Yisinin, Maria L. STREET ADDRESS 6582 N. State Rd 7 CITY-ST-ZIP Coconut Creek, FL 33073	TITLE NAME 500075971855 STREET ADDRESS 06/08/06--01006--018 **150.00 CITY-ST-ZIP
TITLE D NAME Yisinin, Sergio STREET ADDRESS 6582 N. State Rd 7 CITY-ST-ZIP Coconut Creek, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE**
TITLE D NAME Yisinin, Gineth M STREET ADDRESS 6582 N. State Rd 7 CITY-ST-ZIP Coconut Creek, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP **IN THIS SPACE**
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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 complies with the requirements of s. Section 119.07(5)(i), Florida Statutes. I further 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernardo Yisinin 4/16/06 954-680-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number