FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9700086510 1. Entity Name RIVERWALK NUTRITION CONTER, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90204 031 ***150.00

DO NOT WRITE IN THIS SPACE						
Principal Place of Business 3. Mailing Address				•		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-078605	2 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE				7. Name and Address of Current Registered Agent		
				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE						
				City	FI	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.						
The obligations of logistics agont,						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 AN	D DIRECTORS	AL 2016 (4)		en i un communicat de la francisca de la franc	The second section of the second section
TITLE NAME STREET ADDRESS	D. Visinin, Benucula 1582 N. State and 7	22011	ALCOHOLD TO	ADDRESS		
CITY-ST-ZIP	COCONUT CALL, FL		TITLE	T-ZIP		
TITLE NAME STREET ADDRESS	D. VIBIAIN, HANIA R. VIBIAIN, HANIA R. COLONUT COLLEX, FL 33013			ADDRESS	erica de la companio de la companio La companio de la co	
CITY-ST-ZIP				T-ZIP		mante. Option of the last the same
NAME	Cocon Cour, FL 33013 D. Visinin, Sengio 4582 N. 51-12 Rd 1 Cocon Cour, FL 33013					angen er et i service i servic
STREET ADDRESS CITY-ST-ZIP				ADDRESS T-ZIP	DO NOT WR	ITE:
TITLE NAME	i 70				IN THIS SPA	CE
STREET ADDRESS	yio'riv, GiveTh 0582 N. State Rd 7 COLONNY CRELK, FL 33013			ADDRESS		
CITY-ST-ZIP	COCONNY Creek, P	L 33015	CITY-S	T-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME « STREET CITY-S	ADDRESS T-ZIP		
TITLE			TITLE		and the state of the	man and finished and an in the
NAME STREET ADDRESS CITY-ST-ZIP			NAME Street City-s	ADDRESS T. 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 any 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 truetee 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,

SIGNATURE: