


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90090 047 \*\*\*150.00

**DOCUMENT # P97000086516**

1. Entity Name  
**JACARANDA NUTRITION CENTER, INC.**



Principal Place of Business      Mailing Address  
**5703 N UNIVERSITY DR**      **5703 N UNIVERSITY DR**  
**TAMARAC, FL 33321**      **TAMARAC, FL 33321**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number      Applied For  
**65-0785951**      Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RODRIGUEZ, MIGUEL J</b> <b>4801 S UNIVERSITY DR, STE 3000</b> <b>DAVIE, FL 33328</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	YIBIRIN, BERNARDO 6582 N. STATE ROAD 7 COCONUT CREEK, FL 33073	TITLE [ ] Change [ ] Addition	[ ] Change [ ] Addition
TITLE D	YIBIRIN, MARIA R 6582 N. STATE ROAD 7 COCONUT CREEK, FL 33073	TITLE [ ] Change [ ] Addition	[ ] Change [ ] Addition
TITLE VP	YIBIRIN, SERGIO 6582 N. STATE ROAD 7 COCONUT CREEK, FL 33073	TITLE [ ] Change [ ] Addition	[ ] Change [ ] Addition
TITLE [ ] Delete		TITLE [ ] Change [ ] Addition	[ ] Change [ ] Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sergio Yibirin*      Date: 4/17/06      Daytime Phone #: 954-680-6114