## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 16, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P98000008 SOURCE NUTRITION INC.					04-16-2004		/ ***130	0.00
<b>!</b>		Mailing Address	<del></del> -	3 ,		4402	9164		
		1547 NW 29TH ST MIAMI, FL 33142			-				
						BIBI JEHN BÖNN JENN KR		IRAN IERKI BIRI	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04102004	Chg-P	CR2E034	(10/03)	
City & State		City & State		4. FEI Number 65-0808			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	f Status Desired	□ <b>\$</b> 8	8.75 Add	itional
	6. Name and Address of Current	Registered Agent	·	Naa	7. Name and	ddress of New F	Registered Ag	ent	
MARGOLLES, ALFREDO M				Name					
601 MINOLA DRIVE MIAMI SPRINGS, FL 33166				Street Addres	ss (P.O. Box Number	is Not Acceptable	e) 		
<u> </u>			4	City				Zip Code	
The above named entity submits this statement for the purpose of changing its registrenament.				City			FL		
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	d office or regis	stered agent, or both	, in the State of Fl	orida. I am far	niliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	- Registered	Agent signature requ	ited when reinstation)		DATÉ		
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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: