

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 9:38

DOCUMENT # P98000043406

1. Entity Name
AMERICAN NUTRITIONAL EXCHANGE, INC.



Principal Place of Business
12260 SW 53RD ST
STE 603
COOPER CITY, FL 33330 US

Mailing Address
9990 S.W. 77TH AVENUE
SUITE 330
MIAMI, FL 33156-2699 US

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0839459

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGOLIS, JOHN A ESQ.
9990 S.W. 77TH AVENUE
SUITE 330
MIAMI, FL 33156-2699

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IN THIS SPACE

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

Donald Montellese Donald Montellese

4/4/06

Signature, typed or printed name of registered agent and title if applicable.

(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

600075382206
05/25/06--01052--014 **350.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
MONTELLESE, DONALD
12260 SW 53RD ST STE 603
COOPER CITY, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GONZALEZ, ISMAEL
12260 SW 53RD ST
COOPER CITY, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

Donald Montellese Donald Montellese 4/4/06

954-937-3534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #