

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000054917

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL NUTRITION MASTER, INC.

**Current Principal Place of Business:**

1912 NW 94 AVE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

1912 NW 94TH AVE  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 65-0845922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICCI-WOLFF, LIA  
1912 NW 94 AVE  
DORAL, FL 33172 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RICCI, RICARDO  
Address: 1912 NW 94 AVE  
City-St-Zip: DORAL, FL 33172

I hereby 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICARDO RICCI

PD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date