

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000056703

1. Entity Name

INSTITUTE OF NUTRITION, INC.



Principal Place of Business

1602 ALTON ROAD
SUITE 622
MIAMI BEACH, FL 33139

Mailing Address

1602 ALTON ROAD
SUITE 622
MIAMI BEACH, FL 33139



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0846506

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BITBOL, JULES G
1800 NE 114 STREET, UNIT 2108
NORTH MIAMI, FL 33181

**DO NOT WRITE
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

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**

000000444222
03/06/06-80042-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BITBOL, JULES G
STREET ADDRESS	1602 ALTON ROAD, SUITE 622
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	VSTD
NAME	BITBOL, KATHARINE N
STREET ADDRESS	1602 ALTON ROAD, SUITE 622
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

Date

(305) 892-2622

Daytime Phone #