

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -4 PM 1:49


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66425675

05/13/04 01035 002 \$150.00



05242004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000004176			
1. Entity Name NUTRICENTER, INC.			
Principal Place of Business 7831 SHERIDAN ST HOLLYWOOD, FL 33024		Mailing Address PO BOX 8001 PEMBROKE PINES, FL 33084	
2. Principal Place of Business 7831 Sheridan Street		3. Mailing Address P.O. Box 84-8001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, Fl.		City & State Pembroke Pines, Fl.	
Zip 33024	Country USA	Zip 33084	Country USA
4. FEI Number 65-0885641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINSTON, SARA RAQUEL 7831 SHERIDAN ST HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WINSTON, SARA R 7831 SHERIDAN ST HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BENNETTL, WINSTON PO BOX 8001 PEMBROKE PINES, FL 33084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WINSTON, VICTOR PO BOX 8001 PEMBROKE PINES, FL 33084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sara Rachel Winston</i> SARA RAQUEL WINSTON		Date: <i>May 9 2004</i> 163 2004	