2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P99000026020

Entity Name: R D NUTRITION ASSOCIATES, INC.

Current Principal Place of Business:

10021 PINES BLVD
STE 104
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

10021 PINES BLVD
STE 104
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0906040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECERRA, ROSA
10021 PINES BLVD SUITE 104
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BECERRA, ROSA
Address: 6003 ISLAND BLVD. #1821
City-St-Zip: HALLANDALE, FL 33009

Title: D ( ) Delete
Name: CEDENO, DOLLY
Address: 19227 SW 24 STREET
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOLLY CEDENO D 04/30/2006

Electronic Signature of Signing Officer or Director Date