

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000097548

Entity Name: NURISHE, INC.**Current Principal Place of Business:**5147 CEDAR HAMMOCK DRIVE
SARASOTA, FL 34232**Current Mailing Address:**5147 CEDAR HAMMOCK DRIVE
SARASOTA, FL 34232 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMOS, JONATHAN
5147 CEDAR HAMMOCK DRIVE
SARASOTA, FL 34232 US*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:** JONATHAN SIMOS

04/29/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	SIMOS, JONATHAN W
Address	16502 DIAMOND HEAD DRIVE
City-State-Zip:	WESTON FL 33331

Title	DIRECTOR
Name	NASH, COLT
Address	5147 CEDAR HAMMOCK DRIVE
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR
Name	ECHEVERRI, JENNIFER
Address	5147 CEDAR HAMMOCK DRIVE
City-State-Zip:	SARASOTA FL 34232

Title	D
Name	WOODS, ZACHARY T
Address	16502 DIAMOND HEAD DRIVE
City-State-Zip:	WESTON FL 33331

Title	DIRECTOR
Name	VEYG, ALEKSANDER
Address	5147 CEDAR HAMMOCK DRIVE
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR
Name	KALMAN, DOUGLAS
Address	5147 CEDAR HAMMOCK DRIVE
City-State-Zip:	SARASOTA FL 34232

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: JENNIFER ECHEVERRI**DIRECTOR**

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date