2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000042098

1. Entity Name
A1A GOULDS NUTRITION CENTER INC.

Principal Place of Business	Mailing Address
11617 SW 216 ST MIAMI, FL 33170 US	11617 SW 216 ST MIAMI, FL 33170 US

DO NOT WRITE IN THIS SPACE

04232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0752214	Not Applicable

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

6. Name and Address of Current Registered Agent

BERTOT, TRINA
64 SW 18 ROAD
MIAMI, FL 33129

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U00000153581
05/04/04-80132-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERTOT, TRINA
STREET ADDRESS	64 SW 18 ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	SD
NAME	BERTOT, LOUIS
STREET ADDRESS	64 SW 18 RD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

MANAGER

SIGNATURE: _____ Patricio J. Bertot   Associate   04-27-04   (305) 259-8689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #