

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042098

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: A1A GOULDS NUTRITION CENTER INC.

**Current Principal Place of Business:**

11617 SW 216 ST  
MIAMI, FL 33170 US

**New Principal Place of Business:**

**Current Mailing Address:**

11617 SW 216 ST  
MIAMI, FL 33170 US

**New Mailing Address:**

FEI Number: 65-0752214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERTOT, TRINA  
64 SW 18 ROAD  
MIAMI, FL 33129 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: PD ( ) Delete  
Name: BERTOT, TRINA  
Address: 64 SW 18 ROAD  
City-St-Zip: MIAMI, FL 33129

Title: SD ( ) Delete  
Name: BERTOT, LOUIS  
Address: 64 SW 18 RD  
City-St-Zip: MIAMI, FL 33129

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD ( ) Change (X) Addition  
Name: BERTOT, PORFIRIO J  
Address: 15483 SW 86 TERRACE  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PORFIRIO JORGE BERTOT

SD

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date