

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 04, 2008  
Secretary of State**

DOCUMENT# L06000089936

Entity Name: DYNAMIC STRENGTH & CONDITIONING PROGRAMS, LLC

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE  
BH 43  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
BH 43  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MANTILLA, HENRIETTE S  
520 BRICKELL KEY DRIVE  
BH 43  
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MANTILLA, HENRIETTE S  
Address: 520 BRICKELL KEY DRIVE, BH43  
City-St-Zip: MIAMI, FL 33131

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

Title: MGRM ( ) Delete  
Name: PEREIRA, AMNER  
Address: 1205 MARIPOSA AVE, APT 328  
City-St-Zip: CORAL GABLES, FL 33146

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRIETTE MANTILLA

PRES

05/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date