

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2008
Secretary of State**

DOCUMENT# N03000006216

Entity Name: FITNESS COMMITMENT INSTITUTE, INC.

Current Principal Place of Business:

1119 NW 143 AVE
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1119 NW 143 AVE
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 41-2105928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBOSA, FLAVIA
1119 NW 143 AVE
PEMBROKE PINES, FL 33028 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORERA, ONIX
Address: 1119 NW 143 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BARBOSA, FLAVIA
Address: 1119 NW 143 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: SAYIH, JIM
Address: 1119 NW 143 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM SAYIH

D

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date