


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000086617**

1. Entity Name  
**HARDCORE FITNESS BY CARLOS, INC.**



Principal Place of Business      Mailing Address

**2652 NE 189TERR**      **2652 NE 189TERR**  
**MIAMI, FL 33180**      **MIAMI, FL 33180**

**DO NOT WRITE IN THIS SPACE**



07072004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**33-1019028**      Not Applicable

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

6. Name and Address of Current Registered Agent

**WHITE, JAY A**  
**1 NE 2ND AVE #200**  
**MIAMI, FL 33132**

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARQUEZ, CARLOS 1 NE 2ND AVE #200 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEWMANZ, MARVIN 1 NE 2ND AVE #200 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WHITE, JAY A 1 NE 2ND AVE #200 MIAMI, FL 33132
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Carlos Marquez* "President"      7/9/04      305-710-5885

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