

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

02-22-2007 90027 049 ***150.00

DOCUMENT # P06000022114 1. Entity Name PORKY'S GYM IV, INC.																													
Principal Place of Business 11865 S.W. 26 STREET UNIT B-13 MIAMI, FL 33175			Mailing Address 10841 S.W. 93 STREET MIAMI, FL 33176																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
CABRERA, DONNA M 10841 S.W. 93 STREET MIAMI, FL 33176			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when renewing)																													
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P</td> <td style="width: 20%; padding: 2px; text-align: right;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CABRERA, FRANCISCO J</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">10841 S.W. 93 STREET</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">MIAMI, FL 33176</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						TITLE	P	☐ Delete	NAME	CABRERA, FRANCISCO J		STREET ADDRESS	10841 S.W. 93 STREET		CITY - ST - ZIP	MIAMI, FL 33176		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	P	☐ Delete																											
NAME	CABRERA, FRANCISCO J																												
STREET ADDRESS	10841 S.W. 93 STREET																												
CITY - ST - ZIP	MIAMI, FL 33176																												
TITLE		☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	VP	☐ Delete																											
NAME	CABRERA, DONNA M																												
STREET ADDRESS	10841 S.W. 93 STREET																												
CITY - ST - ZIP	MIAMI, FL 33176																												
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE		☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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: *Donna M. Cabrera* VP Pres. 2/12/07