# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2006**
**Secretary of State**

DOCUMENT# P95000080802

**Entity Name:** LA SALETTE HEALTH & FITNESS INSTITUTE, INC.

**Current Principal Place of Business:**

3801 SEGOVIA STREET
CORAL GABLES, FL 33134

**New Principal Place of Business:**

416 ALEDO AVENUE
CORAL GABLES, FL 33134

**Current Mailing Address:**

PO BOX 43-1765
SOUTH MIAMI, FL 33243

**New Mailing Address:**

**FEI Number: 65-0649602** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CANO, PABLO
507 SW 24TH AVENUE
MIAMI, FL 33145 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: D ( ) Delete
Name: CANO, MARIANNE S
Address: 3801 SEGOVIA STREET
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D (X) Change ( ) Addition
Name: CANO, MARIANNE S
Address: 416 ALEDO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE S. CANO CEO 01/11/2006
Electronic Signature of Signing Officer or Director Date