

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000004321

**FILED**  
**Mar 20, 2005**  
**Secretary of State**

**Entity Name:** 911 FITNESS, INC.

**Current Principal Place of Business:**

18520 N.W. 67TH AVENUE  
SUITE 193  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18520 N.W. 67TH AVENUE  
SUITE 193  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 65-0718137      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SAYIH, JAMES  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

Title:                    S                    ( ) Delete  
Name:                  BARBOSA, FLAVIA  
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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIM SAYIH

D

03/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date