


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Page 2 of 2
FILED

00 JUL 17 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057376 2000
1. Corporation Name
Get fit For Life, Inc.

Principal Place of Business Mailing Address
555 N.E. 34th St # 404
Miami, Fl. 33137 Same

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address
21 8011 S.W. 94th Ct. 26 8011 S.W. 94th Ct.
Suite, Apt. #, etc Suite, Apt. #, etc
22 City & State 27 City & State
23 Miami, Fl. 28 Miami, Fl. 33173
24 Zip 25 Country 29 Zip 30 Country
33173 USA 33173 USA

4. EFL Number 65-0866025 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Fuentes, Andre L
7901 S.W. 36th Terrace
Miami, Fl. 33155

10. Name and Address of New Registered Agent
81 Name Fuentes, Andre L
82 Street Address (P.O. Box Number is Not Acceptable) 7901 S.W. 36th Terrace
83
84 City Miami Fl FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jesus Gallo DATE 5/15/00
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	Fuentes, Andre L	
STREET ADDRESS	Fl. 33155	
CITY-ST-ZIP	7901 S.W. 36 th Terrace Miami	
TITLE	PD	<input type="checkbox"/>
NAME	Galio, Jesus	
STREET ADDRESS	Miami	
CITY-ST-ZIP	9511 S.W. 25 th Dr Fl. 33165	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	500003343175--5		
1.3 STREET ADDRESS	-08/02/00--01012--002		
1.4 CITY-ST-ZIP	***150.00 ***150.00		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	8011 S.W. 94 th Ct.		
2.4 CITY-ST-ZIP	Miami, Fl. 33173		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jesus Gallo DATE: 5/15/00 305.298.1939

PDC Accounting Services, Inc.

12856 S.W. 64th Lane ♦ Miami, FL. 33183 JUL 17 PM 3:24

Phone 305.408.4104 ♦ Fax 305.408.4104 ♦ Pager 305.833-9696

APPROVED AND
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 2 of 2

Division of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: Get Fit For Life, Inc
Document: #P98000057376

To Whom It May Concern:

I am the Accountant for the above clients. The reason for this letter is to request waiver of any late fee or penalties.

Unfortunately, my clients began his business in the wrong foot. Along to hiring an ex-accountant that became very ill and unable to follow up with Get Fit for life licenses and Tax return on a timely matter. They never received the 2000 Uniform Business Report.

Not until I began to review there accounting and follow up in the corporation business matter that I realized they had not paid or report the renewal.

So along to this letter is a check for \$150.00 and a blank form with all my clients information and changes that should follow.

I would greatly appreciate any help in assisting my request to the matter.

Sincerely


VIVIAN G. MEDIAVILLA
Account