

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

PROFIT CORPORATION ANNUAL REPORT

02 UPA

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

DOCUMENT # P98000051376

Get fit for Life, Inc.

8011 S.W. 94th Ct.
Miami, Fl. 33173

FILED
02 NOV -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008806786
11/05/02--01059--018 **150.00

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|----|--|----|----------------------------|----|--|--------------------------------|---------|----|---|
| 21 | 2. Principal Place of Business Same | 26 | 2a. Mailed Address Same | 4. | FELI Number 65-0800025 | Approved by The Appraiser | | | |
| 22 | State App # etc. | 27 | State App # etc. | 5. | Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | | | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country | 8. | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Fuentes Andre L 7901 S.W. 36 th Terr. Miami, Fl. 33155 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
Signature: Name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Fuentes, Andres L 33155 | 1.2 NAME | |
| STREET ADDRESS | Fuentes, Andres L 33155 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 7901 S.W. 36 th Terr. Miami, Fl. | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gallo, Jesus 33165 | 2.2 NAME | |
| STREET ADDRESS | Gallo, Jesus 33165 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | 8011 S.W. 94 th Ct Miami, Fl. | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.



PDC Accounting Services, Inc,
Corporate & Personal Accountant

October 08, 2002

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.

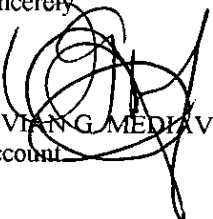
As I was preparing their financial statement I noticed that they had not paid the \$150.00 for the renewal of the corporate annual report. At that time I decided to check the Internet to see the status of the corporation and realized that your office had the address posted incorrect.

Along to this letter is a copy of the letter sent to you on May 31, 2001 requesting to change the address of the corporation. Apparently this information was not updates correctly and therefore my client never received the renewal.

Enclosed you will find a check for \$150.00 and a renewal form for the corporate annual report.

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

Sincerely,


VIVIAN G. MEDINA VILLA
Accountant

10830 S.W. 113th Place
Miami, FL 33176
*Phone: 305-270-6032 * Fax: 305-274-3335*

