
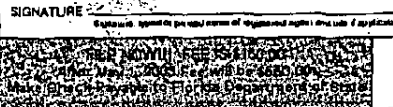
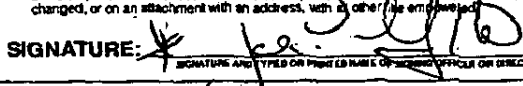


FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 039 ***150.00

90139210

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | |
|--|--|---|---|
| DOCUMENT # P98000057376 | |  | |
| 1. Entity Name GET FIT FOR LIFE INC. | | | |
| Principal Place of Business 8011 S.W. STREET, #404 MIAMI, FL 33137 US | | Mailing Address 8011 S.W. STREET, #404 MIAMI, FL 33137 US | |
| 2. Principal Place of Business 8011 SW 94th Ct | | 3. Mailing Address 8011 SW 94th Ct | |
| State, Apt. #, etc. | | State, Apt. #, etc. | |
| City & State Miami, FL | | City & State Miami, FL | |
| Zip 33173 | | Country USA | |
| Zip 33173 | | Country USA | |
| 4. FEI Number 65-0868025 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FUENTES, ANDRES L 7901 S.W. 36TH TERRACE MIAMI, FL 33156 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits the 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 | | DATE | |
|  | | | |
| 9. Election Campaign Financing Trust Fund Contribution. | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FD FUENTES, ANDRES L 7901 S.W. 36TH TERRACE MIAMI, FL 33156 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GALLO, JESUS 8011 S.W. 94TH COURT MIAMI, FL 33173 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other fee empoweread. | | | |
| SIGNATURE:  | | Date | |

CFR2034 (10/02)