## I hereby 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 all other like empowered.

PSTD

# SIGNATURE: CHRIS HERRERA

Electronic Signature of Signing Officer/Director Detail

#### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000107806

Entity Name: DOWNTOWN SPORTFIT REHAB & TRAINING, INC.

## **Current Principal Place of Business:**

200 S. BISCAYNE BLVD. #15 A MIAMI, FL 33131

## **Current Mailing Address:**

200 S. BISCAYNE BLVD. #15 A MIAMI, FL 33131 US

## FEI Number: 5

#### Name and Add gent:

HERRERA, CHRIS % CHRIS HERREI 3305 RICE STREET MIAMI, FL 33133 US

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: CHRIS HERRERA

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	PSTD
Name	HERRERA, CHRIS
Address	3305 RICE STREET
City-State-Zip:	MIAMI FL 33133

131 US
57-1208881
dress of Current Registered A
S RA

FILED Apr 26, 2018 Secretary of State CC6456166214

Certificate of Status Desired: No

04/26/2018 Date

04/26/2018 Date