

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000002772

**Entity Name:** OPTIMUM FITNESS TRAINING, INC.

**Current Principal Place of Business:**

3018 W KENNEDY BLVD. SUITE B  
TAMPA, FL 33609

**Current Mailing Address:**

3020 W KENNEDY BLVD. SUITE B  
TAMPA, FL 33609 US

**FEI Number:** 47-2784203

**Certificate of Status Desired:** No

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

CHERRES, RUBEN  
3018 W KENNEDY BLVD. SUITE B  
TAMPA, FL 33609 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PST  
Name CHERRES, RUBEN  
Address 3018 W KENNEDY BLVD. SUITE B  
City-State-Zip: TAMPA FL 33609

*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.*

**SIGNATURE:** RUBEN CHERRES

PD

03/08/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date