

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000083309

**Entity Name:** FULL ON GYM CORP

**Current Principal Place of Business:**

11501 LAKESIDE DR  
APT 6110  
DORAL, FL 33178

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**1666389302CC**

**Current Mailing Address:**

11501 LAKESIDE DR  
APT 6110  
DORAL, FL 33178 US

**FEI Number:** 81-4166525

**Certificate of Status Desired:** No

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

DAMARIS ACCOUNTAX SERVICE CORP  
13 E 44TH ST  
HIALEAH, FL 33013 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	P	Title	P
Name	CIVIRA RODRIGUEZ, MARVIS L	Name	BORN SUNIAGA, LUIS R
Address	11501 LAKESIDE DR APT 6110	Address	11501 LAKESIDE DR APT 6110
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

*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:** LUIS R BORN SUNIAGA

**PRESIDENT**

**05/01/2019**

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

\_\_\_\_\_  
Date