

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007557

Entity Name: CORE-FIT STUDIO, LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

810 SW 173 AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

17856 NW 2ND STREET
PEMBROKE PINES, FL 33029

Current Mailing Address:

810 SW 173 AVE.
PEMBROKE PINES, FL 33029

New Mailing Address:

17856 NW 2ND STREET
PEMBROKE PINES, FL 33029

FEI Number: 71-0962991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, IRMA
810 SW 173 AVE.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

DIAZ, IRMA M
810 SW 173 AVE.
PEMBROKE PINES, FL 33029 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: IRMA M DIAZ

04/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DIAZ, IRMA
Address: 810 SW 173 AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: ONTIVEROS, ALEXANDRA C
Address: 1210 SW 180TH AVE.
City-St-Zip: PEMBROKE PINE, FL 33029

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIAZ, IRMA M
Address: 810 SW 173 AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: IRMA M DIAZ

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date