

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90194 012 \*\*\*\*50.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # L04000025064</b>  |  |   |   |   |  |
| <b>1. Entity Name</b><br>BODY UP FITNESS, LLC   |  |   |   |   |  |
| <b>Principal Place of Business</b><br>520 BRICKELL KEY DR, STE 0-305<br>MIAMI, FL 33131   |  |   | <b>Mailing Address</b><br>520 BRICKELL KEY DR, STE 0-305<br>MIAMI, FL 33131 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                             |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   | <b>4. FEI Number</b><br>65-1223825  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |   |   | <b>Applied For</b><br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>TRANSGLOBAL CORPORATE ADMINISTRATION, INC.<br>520 BRICKELL KEY DR, STE 0-305<br>MIAMI, FL 33131   |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Transglobal Corporate Administration LLC<br>520 Brickell Key Drive<br>Suite 0-305<br>City Miami FL Zip Code 33131 |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>  |  |   |   |   |  |
| SIGNATURE   |  | Jose Alvarez  |   | 01-31-07  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |  | Make check payable to:<br>Florida Department of State |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>NUNEZ, GILDA<br>520 BRICKELL KEY DR, STE 0-305<br>MIAMI, FL 33131 | <input type="checkbox"/> Delete                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                       |   |   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |  |   |   |   |  |
| SIGNATURE:  |  | GILDA ALVARADO  |   | 1/15/07   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date  |   | Daytime Phone # 305-4198790   |  |

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