2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L06000086451

Entity Name: GFF FITNESS, LLC

Current Principal Place of Business:

8220 SW 93 STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

8220 SW 93 STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-5512116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BALLI, FRANCESCO
8220 SW 93 STREET
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CONSULTECNICA, INC.,
Address: 8220 SW 93 STREET
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete
Name: BALLI, GIORGIO
Address: 11191 SW 60 AVE.
City-St-Zip: PINECREST, FL 33156

Title: MGRM ( ) Delete
Name: BALLI, FABRIZIO
Address: 16 EAST SUNRISE AVE.
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANCESCO BALLI (CONSULTECNICA, INC.) MGRM 05/01/2008

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