

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81784

Entity Name: FIT FOR LIFE, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

9395 BIRD ROAD
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9395 BIRD ROAD
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0205411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOOTIN, CONNIE
11601 SW 83 TERRACE
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

SOOTIN, CONCEPCION M
11601 SW 83 TERRACE
MIAMI, FL 33173 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: CONCEPCION M SOOTIN

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: SOOTIN, CONNIE
Address: 11601 SW 83 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: SMITH, RHONDA L
Address: 1114 CAPRI ST
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: SOTTIN, CONNIE
Address: 1160 15 W 83 TERR
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SOOTIN, CONCEPCION M
Address: 11601 SW 83 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: SMITH, RHONDA L
Address: 1114 CAPRI ST
City-St-Zip: CORAL GABLES, FL 33134

Title: TRES (X) Change () Addition
Name: SOOTIN, CONCEPCION M
Address: 1160 15 W 83 TERR
City-St-Zip: MIAMI, FL 33173

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 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 an address, with all other like empowered.

SIGNATURE: CONCEPCION M SOOTIN

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date