2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000004632

1. Entity Name
LIFE LINE FITNESS CENTER INC.

Principal Place of Business	Mailing Address
3540 NW 205 ST . MIAMI, FL 33056	3540 NW 205 ST . MIAMI, FL 33056

01162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-1128825

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KING, JENNIFER W
20170 N.W. 15 AVE.
MIAMI, FL 33169

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, CHRISTA
STREET ADDRESS	20170 N.W. 15 AVE.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	V
NAME	SALLAHOUDIN, BONNIE
STREET ADDRESS	20170 N.W. 15 AVE.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	ST
NAME	JOHNSON, STELLA DR
STREET ADDRESS	20170 N.W. 15 AVE.
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80168-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer W. King 1/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 305 333-8852