

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008220

FILED
Jun 02, 2009
Secretary of State

Entity Name: STAY FIT KIDS INC.

Current Principal Place of Business:

8460 DUNDEE TERR
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8460 DUNDEE TERR
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-5344893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, JENNIFER ANN
8460 DUNDEE TERR
MIAMI LAKES, FL 33016 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, MARIA D
Address: 8460 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: NACCARATO, MARIA
Address: 8460 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: GARCIA, JOSE
Address: 8460 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: P () Delete
Name: GARCIA, JENNIFER ANN
Address: 8460 DUNDEE TERR
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP () Delete
Name: GARCIA, TERESITA
Address: 8460 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: S () Delete
Name: FIGUEROA, MARLENE
Address: 8460 DUNDEE TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER A GARCIA

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06/02/2009

Electronic Signature of Signing Officer or Director

Date