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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14018192

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000003014

1. Entity Name
JR'S VIP PERSONAL TRAINING AND NUTRITION CENTER, INC.

Principal Place of Business	Mailing Address
809 S. FEDERAL HWY 813 DANIA, FL 33004	809 S. FEDERAL HWY 813 DANIA, FL 33004

DO NOT WRITE IN THIS SPACE

05062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0985182
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLE, JASON
809 S. FEDERAL HWY
DANIA, FL 33004

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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, if filed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when mandatory)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $8.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	ROLLE, JASON
STREET ADDRESS	809 S. FEDERAL HWY
CITY-ST-ZIP	DANIA, FL 33004
TITLE	O
NAME	ROLLE, JASON
STREET ADDRESS	809 S. FEDERAL HWY
CITY-ST-ZIP	DANIA, FL 33004
TITLE	Owner
NAME	Rolle, Jason
STREET ADDRESS	809 S. Federal Hwy
CITY-ST-ZIP	Dania, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL