

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016361

FILED
Jan 22, 2004
Secretary of State

Entity Name: FITNESS CONSULTING OF FLORIDA, INC.

Current Principal Place of Business:

19111 COLLINS AVENUE
SUITE 1808
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

19111 COLLINS AVENUE
SUITE 1808
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 65-0981285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, P. RANDY
19111 COLLINS AVENUE
SUITE 1808
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

WATSON, CAROL
19111 COLLINS AVENUE
SUITE 1808
SUNNY ISLES, FL 33160 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: CAROL WATSON 01/22/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, P. RANDY
Address: 19111 COLLINS AVENUE, #1808
City-St-Zip: SUNNY ISLES, FL 33160

Title: SD () Delete
Name: WATSON, CAROL
Address: 19111 COLLINS AVENUE, #1808
City-St-Zip: SUNNY ISLES, FL 33160

Title: TD () Delete
Name: WATSON, P. RANDY
Address: 19111 COLLINS AVE SUITE 1808
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WATSON, P. RANDY
Address: 19111 COLLINS AVENUE, #1808
City-St-Zip: SUNNY ISLES, FL 33160

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 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 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: RANDY WATSON PD 01/22/2004
Electronic Signature of Signing Officer or Director Date