

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071598

Entity Name: DIET FITNESS.COM, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

% LAWRENCE SAVITS
2780 N.E. 183RD STREET, #316
AVENTURA, FL 33160

New Principal Place of Business:

2780 NE 183 ST.
#316
AVENTURA, FL 33160

Current Mailing Address:

% LAWRENCE SAVITS
2780 N.E. 183RD STREET, #316
AVENTURA, FL 33160

New Mailing Address:

2780 NE 183 ST.REET
#316
AVENTURA, FL 33160

FEI Number: 65-1027217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVITS, LAWRENCE
2780 N.E. 183RD STREET, #316
AVENTURA, FL 33160 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAVITS, LAWRENCE
Address: 2780 NE 183 ST #316
City-St-Zip: AVENTURA, FL 33160

Title: STD () Delete
Name: NICKOLAUS, HARRIET
Address: 2780 NE 183 ST #316
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NICKOLAUS, HARRIET
Address: 2780 NE 183 ST #316
City-St-Zip: AVENTURA, FL 33160

Title: STD (X) Change () Addition
Name: SAVITS, LAWRENCE
Address: 2780 NE 183 ST #316
City-St-Zip: AVENTURA, FL 33160

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: HARRIET NICKOLAUS

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date