FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90073 006 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000082514 ✓

1. Entity Name

All Around Fitness Inc. (L)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9517 Fontainebleau Blvd	9517 Fontainebleau Blvd
Suite, Apt. #, etc. Suite 001	Suite, Apt. #, etc. Suite 001
City & State Miami, Florida	City & State Miami, Florida
Zip 33172 Country USA	Zip 33172 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1043313 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Silvio G. Hidalgo

Street Address (P.O. Box Number is Not Acceptable): 9517 Fontainebleau Blvd Suite 001

City: Miami FL Zip Code: 33172

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: Silvio G. Hidalgo 6/23/03

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Silvio G. Hidalgo
STREET ADDRESS	9517 Fontainebleau Blvd.
CITY-ST-ZIP	Miami, Florida 33172
TITLE	Vice-President
NAME	Margaret Hidalgo
STREET ADDRESS	9517 Fontainebleau Blvd
CITY-ST-ZIP	Miami, Florida 33172

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Silvio G. Hidalgo 6/23/03 (Cellular) 786-295-0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(Business) 305-279-0336

CR2E034B (12/02)

Attachment

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000822 AT

DOCUMENT # P00000082514

1. Entity Name
ALL AROUND FITNESS, INC.

Principal Place of Business	Mailing Address
9517 FONTAINBLEAU BOULEVARD SUITE 001 MIAMI FL 33172	9517 FONTAINBLEAU BOULEVARD SUITE 001 MIAMI FL 33172

80127695 [redacted]

2. Principal Place of Business	3. Mailing Address
Suite; Apt.; #; etc.	Suite; Apt.; #; etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1043313 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIDALGO, SILVIO G 9517 FONTAINBLEAU BOULEVARD SUITE 001 MIAMI FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Silvio Hidalgo DATE 6/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HIDALGO, SUIIO 9521 FOUNTAINBLEAU BLVD. MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hidalgo, Silvio 9517 Fountainebleau Blvd. #001 Miami, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 9517	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT MARGARET Hidalgo 9517 FOUNTAINEBLEAU BLVD #001 MIAMI, Florida 33172	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not quality 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: Silvio Hidalgo 6/23/03 (786) 295-0893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #