

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086188

Entity Name: EURO FITNESS CENTER, INC.

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

3593 LAKE EMMA RD
LAKE MARY, FL 32746

New Principal Place of Business:

127 W. CHURCH ST.
200
ORLANDO, FL 32801

Current Mailing Address:

3593 LAKE EMMA RD
LAKE MARY, FL 32746

New Mailing Address:

127 W. CHURCH ST.
200
ORLANDO, FL 32801

FEI Number: 59-3670506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KHALILIAN, FRED
Address: P.O. BOX 160935
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: KHALILIAN, FRED
Address: 721 CRICKLEWOOD TR.
City-St-Zip: HEATHROW, FL 32746

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: FRED KHALILIAN

CEO

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date