

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000087286

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** MUSCLE UNLIMITED FITNESS CENTER, INC.

**Current Principal Place of Business:**

975 HIALEAH DR  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

975 HIALEAH DR  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-1043721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALFONSO, LEMAY  
975 HIALEAH DR  
HIALEAH, FL 33010 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ALFONSO, LEMAY  
Address: 975 HIALEAH DR  
City-St-Zip: HIALEAH, FL 33010 US

I hereby 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 all other like empowered.

SIGNATURE: LEMAY ALFONSO

OWNE

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date