


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90021 004 ***150.00

DOCUMENT # P00000088728		
1. Entity Name PRO FITNESS CENTER, INC.		

Principal Place of Business 1710 NW 7ST #9 MIAMI, FL 33125	Mailing Address 1710 NW 7ST #9 MIAMI, FL 33125
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2. Principal Place of Business <i>1313 SW 22 ST</i>	3. Mailing Address <i>1313 SW 22 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami, FL</i>	City & State <i>Miami, FL</i>
Zip <i>33145</i>	Zip <i>33145</i>
Country	Country



07102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1040461	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CANIZARES, ROY 1710 NW 7ST #9 MIAMI, FL 33125	

7. Name and Address of New Registered Agent	
Name <i>Canizares, Roy</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1313 SW 22 ST</i>	
City <i>Miami</i>	FL Zip Code <i>33145</i>

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 <i>Roy Canizares</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CANIZARES, ROY 1710 NW 7ST #9 MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>Canizares, Roy</i> <i>1313 SW 22 ST</i> <i>Miami, FL 33145</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Roy Canizares</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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