

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90380 037 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P01000005030 1. Entity Name COMFIT INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 13592 NW 6TH ST STE 202 PEMBROKE PINES, FL 33028 | | | Mailing Address 13592 NW 6TH ST STE 202 PEMBROKE PINES, FL 33028 | | |
| 2. Principal Place of Business 2936 SHAUGHNESSY DR Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State WELLINGTON - FL | | City & State | | | |
| Zip 33414 | Country PALM BEACH | Zip | Country | | |
| 6. Name and Address of Current Registered Agent NAJJAR, NADER 13592 NORTHWEST 6TH STRET SUITE 202 PEMBROKE PINES, FL 33028 | | | 7. Name and Address of New Registered Agent Name NADER NAJJAR Street Address (P.O. Box Number is Not Acceptable) 2936 SHAUGHNESSY DRIVE City WELLINGTON FL Zip Code 33414 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD NAJJAR, NADER 843 SW 179 AVENUE PEMBROKE PINES, FL 33029 <input checked="" 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 | PD NADER NAJJAR 2936 SHAUGHNESSY DRIVE WELLINGTON - FL - 33414 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| | | | | Date _____ Daytime Phone # _____ | |