

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90008 046 \*\*\*150.00

**DOCUMENT # P01000049213**

1. Entity Name

**PERSONAL TRAINING & NUTRITION CENTERS OF  
AMERICA, INC.**



Principal Place of Business

**1919 PONCE DE LEON AVENUE  
CORAL GABLES FL 33134**

Mailing Address

**1919 PONCE DE LEON AVENUE  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**65-1106397**

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

**GUERRERO, GIOVANNY  
5920 SW 156 COURT  
MIAMI FL 33193**

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

*G. Guerrero*  
Signature, type or printed name of registered agent and title if applicable.

*Giovanny Guerrero*  
(NOTE: Registered Agent signature required when reinstating)

*2/3/04*  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PD ☒ Delete  
NAME GREENE, MARIE AURORA  
STREET ADDRESS 4770 SW 4TH STREET  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GUERRERO, GIOVANNI  
STREET ADDRESS 5920 SW 156TH COURT  
CITY-ST-ZIP MIAMI FL 33193

TITLE ☒ Change ☐ Addition  
NAME *P.D. Guerrero, Giovanni*  
STREET ADDRESS *5920 SW 156 CT*  
CITY-ST-ZIP *Miami, FL 33193*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*G. Guerrero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/04*  
Date

*(305) 448-4545*  
Daytime Phone #