

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90175 028 \*\*\*150.00

<b>DOCUMENT # P01000066900</b> 1. Entity Name <b>HARDCORE FITNESS CENTER, INC.</b>					
Principal Place of Business <b>1000 HOLLAND DR. STE 5 BOCA RATON, FL 33487</b>			Mailing Address <b>1000 HOLLAND DR. STE 5 BOCA RATON, FL 33487</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <b>Ste. 6</b>			Suite, Apt. #, etc. <b>Ste. 6</b>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04182007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>65-1122458</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>GRASSI-MOSLEY, ADRIANA 1000 HOLLAND DR. STE 5 BOCA RATON, FL 33487</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Adriana Grassi-Mosley</b> Street Address (P.O. Box Number is Not Acceptable) <b>4557 Purdue Dr.</b> City <b>Boynton Beach FL Zip Code 33436</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD GRASSI MOSLEY, ADRIANA 4557 PURDUE DR BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D MOSLEY, LANCE 4511 PURDUE DR BOYNTON BEACH, FL 33436</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D REKAS, CORY 959 SE 2ND AVE #109 DEERFIELD BEACH, FL 33441</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/22/07</b> Daytime Phone # _____					

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