



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000066900</b> 1. Entity Name <b>HARDCORE FITNESS CENTER, INC.</b>	
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Principal Place of Business <b>1000 HOLLAND DR. STE 6 BOCA RATON, FL 33487</b>	Mailing Address <b>1000 HOLLAND DR. STE 6 BOCA RATON, FL 33487</b>
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**DO NOT WRITE IN THIS SPACE**



04122008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1122458</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GRASSI-MOSLEY, ADRIANA 4557 PURDUE DR. BOYNTON BEACH, FL 33436</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

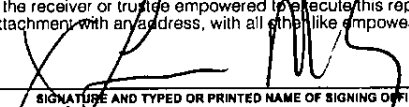
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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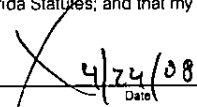
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRASSI MOSLEY, ADRIANA 4557 PURDUE DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSLEY, LANCE 457 PURDUE DRIVE BOYNTON BEACH, FL 33436
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05/20/08-80058-010 150.00

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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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

 **4/24/08** Date Daytime Phone #