2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000013351

RIVIERA FITNESS OF NORTHWEST FLORIDA, INC.

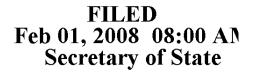


Principal Place of Business

2500 S. FERDON CRESTVIEW, FL 32536 Mailing Address

4725 SOUTH HOLLADAY BLVD

SALT LAKE CITY, UT 84117



Applied For

Daytime Phone #

Not Applicable



DO NOT WRITE IN THIS SF	AUE
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01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0621737

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

RAGAS, JULIE 99 EGLÍN PARKWAY #1C FORT WALTON BEACH, FL 32548

SIGNATURE:

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.	Signature typed or printed name of registered agent and title (applicable. (NOTE Registered	(Agent signature required when reinstating)	DATE	
FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIREC	TORS		, 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, REYNOLD T 4725 SO. HOLLADAY BLVD. #220 SALT LAKE CITY, UT 84117		·		
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP	VP RAGAS, JULIE 99 EGLIN PARKWAY #1C FORT WALTON BEACH, FL 32548		DO	NOT WRITE	
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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.					