


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90050 034 ***150.00

DOCUMENT # P02000052718 1. Entity Name PRO-FITNESS CENTER G.Z., INC.	
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Principal Place of Business 226 S BARBOUR ST BEVERLY HILLS, FL 34465	Mailing Address 226 S BARBOUR ST BEVERLY HILLS, FL 34465
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40050741



2. Principal Place of Business - No P.O. Box # 4071 N LECANTO HWY Suite, Apt. #, etc.	3. Mailing Address 19 N HARRISON ST Suite, Apt. #, etc.
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03172008 Chg-P CR2E034 (12/06)

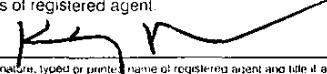
City & State BEVERLY HILLS, FL	City & State BEVERLY HILLS, FL
Zip 34465	Country USA
Zip 34465	Country USA

4. FEI Number 01-0678844	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAJACK, GEORGE 226 S BARBOUR ST BEVERLY HILLS, FL 34465
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7. Name and Address of New Registered Agent Name RONNER, KIRBY Street Address (P.O. Box Number is Not Acceptable) 19 N. HARRISON ST City BEVERLY HILLS FL Zip Code 34465

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  DATE 3/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ZAJACK, GEORGE 4071 N LELANTO HIGHWAY BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAJACK, TRACY S 4071 N LELANTO HIGHWAY BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RONNER, KIRBY 19 N. HARRISON ST. BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  DATE 3/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR