

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-20-2005 90039 015 ***150.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

1/1

DOCUMENT # P02000053565		
1. Entity Name MELBOURNE BEACH FITNESS INCORPORATED		
Principal Place of Business 3830 SOUTH HIGHWAY A1A SUITE A-3 MELBOURNE BEACH, FL 32951		Mailing Address 3830 SOUTH HIGHWAY A1A SUITE A-3 MELBOURNE BEACH, FL 32951
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent RIPPOLONE, ROBERT S JR. 305 CHERRY DRIVE MELBOURNE BEACH, FL 32951		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P RIPPOLONE, ROBERT S JR. 305 CHERRY DRIVE MELBOURNE BEACH, FL 32951 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEABREU, IVAN 18 HAGERMAN AVENUE MEDFORD, NY 11763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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: <u>Robert Rippolone</u> 1/13/05 (321) 409-5859 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		