

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90055 006 ***150.00

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02042005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000054924	
1. Entity Name OMNIFORM FITNESS & REHABILITATION, INC.	

Principal Place of Business 4375 S.W. 115TH AVENUE MIAMI, FL 33165	Mailing Address 4375 S.W. 115TH AVENUE MIAMI, FL 33165
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2. Principal Place of Business 15115 SW 20 LANE	3. Mailing Address 15115 SW 20 LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

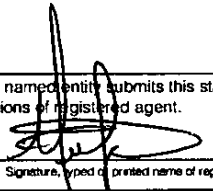
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33185	Zip 33185
Country USA	Country USA

4. FEI Number 33-1006510	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HORTA, MARISOL 4375 S.W. 115TH AVENUE MIAMI, FL 33165

7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 15115 SW 20 LANE City MIAMI FL Zip Code 33185
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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.

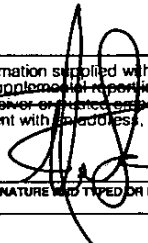
SIGNATURE  **MARISOL HORTA, PRESIDENT** **2/6/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HORTA, MARISOL 4375 S.W. 115TH AVENUE MIAMI, FL 33165 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 15115 SW 20 LANE MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 supplement 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 person or persons 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:  **2/6/05** **(305) 987-1429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #