

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088875

FILED
Jan 27, 2004
Secretary of State

Entity Name: SOUTH FLORIDA FITNESS SERVICES INC.

Current Principal Place of Business:

526 NW WAVERLY CIRCLE
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

526 NW WAVERLY CIRCLE
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 22-3869057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMANN, KURT G
14828 ENCLAVE LAKES DRIVE
SUITE C-1
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

LEHMANN, KURT G
526 NW WAVERLY CIRCLE
PORT SAINT LUCIE, FL 34983 US

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.

SIGNATURE: KURT G LEHMANN

01/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LEHMANN, KURT G
Address: 14828 ENCLAVE LAKES DRIVE #C-1
City-St-Zip: DELRAY BEACH, FL 33484

Title: VSD () Delete
Name: LECHMAN, AUDRA S
Address: 1012 STONEHENGE CIR., #610
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LEHMANN, KURT G
Address: 526 NW WAVERLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VSD (X) Change () Addition
Name: LEHMANN, AUDRA S
Address: 528 NW WAVERLY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURT G LEHMANN

PRES

01/27/2004

Electronic Signature of Signing Officer or Director

Date