


FILED
Jun 10, 2004 8:00 am
Secretary of State

04-30-2004 90335 028 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001537			
1. Entity Name SR FITNESS, INC.			
Principal Place of Business 9421 SW 100TH AVE. RD MIAMI, FL 33176		Mailing Address 9421 SW 100TH AVE. RD MIAMI, FL 33176	
2. Principal Place of Business 8815 SW 131 St Suite, Apt. #, etc.		3. Mailing Address 8815 SW 131 St Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL 33176	
4. FEI Number 45-0495017	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND JR. 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>Raul Escandar III</u> Street Address: <u>9421 SW 100th Ave Rd</u> City: <u>Miami, FL 33176</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when changing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<u>Owner</u> <u>Raul Escandar III</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<u>owner</u> <u>Raul Escandar</u> <u>8815 SW 131 St</u> <u>Miami, FL 33176</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 legally or otherwise 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR		Date: <u>4/27/04</u> Date	