

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000011551
 1. Entity Name
 MUSCLES IN MOTION OF SOUTH FLORIDA, INC.



| | |
|---|---|
| Principal Place of Business 5910 NE 227 #11 FORT LAUDERDALE, FL 33308 | Mailing Address 5910 NE 227 #11 FORT LAUDERDALE, FL 33308 |
|---|---|



02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 30-0168260 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 CARTER, JOEL
 2261 N.E. 67TH STREET
 FORT LAUDERDALE, FL 33308

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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: *Joel P. Carter* DATE: 4/10/05
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, JOEL 2261 N.E. 67TH STREET FORT LAUDERDALE, FL 33308 |
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 04/15/05-80092-017 150.00

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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 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: *Joel P. Carter* DATE: 4/10/05 DAYTIME PHONE #: 561-945-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR