


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90155 019 \*\*\*150.00

<b>DOCUMENT # P03000011551</b>	
1. Entity Name <b>MUSCLES IN MOTION OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>5910 NE 227 #11 FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>5910 NE 227 #11 FORT LAUDERDALE, FL 33308</b>
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2. Principal Place of Business <b>206 NE 24th Ave</b>	3. Mailing Address <b>206 NE 24th Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pompano Beach</b>	City & State <b>Pompano Beach</b>
Zip <b>FL 33062</b>	Zip <b>FL 33062</b>

6. Name and Address of Current Registered Agent <b>CARTER, JOEL 2261 N.E. 67TH STREET FORT LAUDERDALE, FL 33308</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARTER, JOEL 2261 N.E. 67TH STREET FORT LAUDERDALE, FL 33308</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40027208

E.J.G. Accounting Services, Inc.

Elliot J. Greenblatt, Accountant

#PO3000011551

**ATTACHED IS YOUR COMPLETED 2005 FORM 1040  
PERSONAL INCOME TAX RETURN**

**Your Tax Return Indicates:**

- 1.) Refund amount of \$ \_\_\_\_\_  
2.) Balance due of \$ 1138.00

**IF BALANCE IS DUE, MAKE CHECK PERSONAL PAYABLE TO:**

**United States Treasury** ✓

**MAIL THE RETURN TO;**

Internal Revenue Service Center  
with the attached envelope ✓

**NOTES:**

- A.) Please sign and date the IRS copy of your Tax Return.  
B.) Please mail before **APRIL 15th**.  
C.) If a balance is due, write your Social Security Number on the check. Make sure to write out the words — **United States Treasury**.  
D.) If balance due, please put the Voucher as the first page.  
E.) Both Husband and Wife must sign when a Joint Return is filed.  
F.) If you are sending in an Installment Agreement, make sure the Agreement is the first page.  
G.) File your copy in a safe place for future reference and please call if you have any problem concerning taxes during the year.

Thank you for the opportunity to be of service to you.

Respectively,



Elliot J. Greenblatt