

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000016962

1. Entity Name

AL & TINA FITNESS CENTER, INC.



Principal Place of Business

118 PIERCE CHRISTIE DRIVE
VALRICO, FL 33594

Mailing Address

118 PIERCE CHRISTIE DRIVE
VALRICO, FL 33594



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2075296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OCASIO, JUSTINA P
118 PIERCE CHRISTIE DRIVE
VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME OCASIO, ALFREDO
STREET ADDRESS 118 PIERCE CHRISTIE DRIVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE VS
NAME OCASIO, JUSTINA P
STREET ADDRESS 118 PIERCE CHRISTIE DRIVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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1000000402063
02/02/06-80071-006 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Justina P. Ocasio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUSTINA P. OCASIO

01/19/2006 813-685-9194
Date Daytime Phone #