2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022174

Entity Name: RIVERA'S FITNESS SERVICES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3338 TRASK DR. 4919 WHISTLING PINES CT HOLIDAY, FL 34691 US

WESLEY CHAPEL, FL 33545 US

Current Mailing Address: New Mailing Address:

4919 WHISTLING PINES CT 3338 TASK DR. HOLIDAY, FL 34691 US WESLEY CHAPEL, FL 33545 US

FEI Number: 13-4243331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, IDELFONSO RIVERA, IDELFONSO 3338 TRASK DR. 4919 WHISTLING PINES CT

HOLIDAY, FL 34691 US WESLEY CHAPEL, FL 33545 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: 04/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RIVERA, IDELFONSO RIVERA, IDELFONSO Name: Name: 3338 TRASK DR. Address: 4919 WHISTLING PINES CT Address: City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: WESLEY CHAPEL, FL 33545

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IDELFONSO RIVERA 04/30/2008 MR.