

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000022174

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** RIVERA'S FITNESS SERVICES, INC.

**Current Principal Place of Business:**

18058 TROPICAL COVE DR.  
TAMPA, FL 33647 US

**New Principal Place of Business:**

11724 MANGO CROSS CT.  
SEFFNER, FL 33584 US

**Current Mailing Address:**

18058 TROPICAL COVE DR.  
TAMPA, FL 33647 US

**New Mailing Address:**

11724 MANGO CROSS CT.  
SEFFNER, FL 33584 US

**FEI Number:** 13-4243331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, IDELFONSO  
18058 TROPICAL COVE DR.  
TAMPA, FL 33647 US

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

RIVERA, IDELFONSO SR  
11724 MANGO CROSS CT.  
SEFFNER, FL 33584 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: IDELFONSO RIVERA

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: RIVERA, IDELFONSO SR  
Address: 11724 MANGO CRROSS CT.  
City-St-Zip: SEFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: IDELFONSO RIVERA

MR

04/19/2011

Electronic Signature of Signing Officer or Director

Date