

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # P03000025892 1. Entity Name MIAMI FITNESS & REHABILITATION, INC.	
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Principal Place of Business 9205 SE KARIN ST. HOBE SOUND, FL 33455 US	Mailing Address 9205 SE KARIN ST. HOBE SOUND, FL 33455 US
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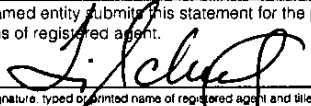
04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 84-1619480	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  SCHEETZ, TI 9205 SE KARIN ST. HOBE SOUND, FL 33455
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**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: 	DATE: April 30, 2007

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEETZ, TI 9205 SE KARIN ST HOBE SOUND, FL 33455
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U00000754716  
05/22/07-80072-019 150.00

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: 	Date: April 30, 2007 Daytime Phone #: 772-475-6900