

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030937

FILED
Apr 30, 2004
Secretary of State

Entity Name: PERSONAL FITNESS BY JOE LUPO, INC.

Current Principal Place of Business:

1717 NO. BAYSHORE DRIVE
MIAMI, FL 33132 US

New Principal Place of Business:

766 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140 US

Current Mailing Address:

1717 NO. BAYSHORE DRIVE
MIAMI, FL 33132 US

New Mailing Address:

766 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33140 US

FEI Number: 57-1159380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AREANNE L. BREEDLOVE, CPA, P.A.
1145 101 STREET, #3
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

AREANNE L. BREEDLOVE, CPA, P.A.
31207 HARBOUR VISTA CIRCLE
ST. AUGUSTINE, FL 32080 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: AREANNE L BREEDLOVE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: LUPO, JOE
Address: 766 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOE LUPO

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date