



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000040597						FILED 05 NOV 21 AM 11:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ICONS FITNESS, INC.							
Principal Place of Business 9517 FONTAINEBLEAU BLVD. SUITE 003 MIAMI, FL 33172		Mailing Address 9517 FONTAINEBLEAU BLVD. SUITE 003 MIAMI, FL 33172					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent GARCIA, BELKYS 9517 FONTAINEBLEAU BLVD. SUITE 003 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Marta Lopez Street Address (P.O. Box Number is Not Acceptable) 9517 Fontainebleau Blvd. Suite 003 City Miami FL Zip Code 33172			
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: <u>Marta Lopez</u> 11-18-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, BELKYS <input checked="" type="checkbox"/> Delete 9517 FONTAINEBLEAU BLVD. SUITE 003 MIAMI, FL 33172			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marta Lopez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9517 Fontainebleau Blvd. Suite 003 Miami, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Silvio Hidalgo 9517 Fontainebleau Blvd Suite 003 Miami, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061870928 12/02/05--01052--025 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Marta Lopez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-18-2005 <small>Date</small>			

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