

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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FILED
Aug 12, 2004 8:00 am
Secretary of State

07-08-2004 90092 029 ***150.00

DOCUMENT # P03000042305

1. Entity Name
FERRALES HEALTH CLUB, INC.



Principal Place of Business
14988 S.W. 59 STREET, MIAMI, FL 33193

Mailing Address
14988 S.W. 59 STREET MIAMI, FL 33193

66431839



2. Principal Place of Business
 Suite, Apt. #, etc.:

3. Mailing Address
 Suite, Apt. #, etc.

03062004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
56-2350637

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FERRALES, ROLANDO A
14988 S.W. 59 STREET
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FERRALES, ROLANDO A 14988 S.W. 59 STREET MIAMI, FL 33193 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 its 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: *Rolando Ferrales* 03/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #