

2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 22, 2007 8:00 am  
Secretary of State**

03-22-2007 90147 001 \*\*\*600.00

|   |  |                |  |                                   |  |
|---|--|----------------|--|-----------------------------------|--|
| <b>DOCUMENT #</b> P03000052305  |  |                |  |                                   |  |
| 1. Entity Name<br>FIT International Group Corp.   |  |                |  |                                   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |                |  |                                   |  |
| 2. Principal Place of Business<br>7300 N.W. 19th St.<br>Suite, Apt. #, etc.<br>Suite 101<br>City & State<br>Miami, FL<br>Zip<br>33126-1222  |  |                | 3. Mailing Address<br>7300 N.W. 19th St.<br>Suite, Apt. #, etc.<br>Suite 101<br>City & State<br>Miami, FL<br>Zip<br>33126-1222 |                                   |  |
|   |  |                | 4. FEI Number<br>65-1190469  |                                   |  |
|   |  |                | Applied For<br>Not Applicable  |                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                | \$8.75 Additional Fee Required   |                                   |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |  |                |  |                                   |  |
| 7. Name and Address of Current Registered Agent   |  |                |  |                                   |  |
| Name<br>del Valle, Manuel R.  |  |                |  |                                   |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>7300 N.W. 19th St.  |  |                |  |                                   |  |
| Suite 101   |  |                |  |                                   |  |
| City<br>Miami   |  |                |  |                                   |  |
| FL Zip Code<br>33126-1222   |  |                |  |                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |                |  |                                   |  |
| January 1 - May 1 Fee is \$160.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$81.25<br>Make Check Payable to Florida Department of State  |  |                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                |                                   |  |
| 10. OFFICERS AND DIRECTORS  |  |                |  |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D/P<br>Baez, Margarita<br>Calle 100, #8A-37, Torre A #501<br>Bogota, Colombia  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D/S/T<br>Sanchez, Jairo<br>Calle 100, #8A-37, Torre A #501<br>Bogota, Colombia |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>DO NOT WRITE IN THIS SPACE</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                                   |  |
| 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 on an attachment with an address, with all other like empowered. |  |                |  |                                   |  |
| SIGNATURE: <i>Margarita Baez</i>  |  | Margarita Baez |  | 13-03-07                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date           |  | Daytime Phone #                   |  |

CR2E034B (12/02)