2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2008 8:00 am
Secretary of State

DOCUMENT # P03000052305 1. Entity Name				,	05-29-2008 90320 001		
FIT International Group Corp.							
	DO NOT WRITE	IN THIS SPACE		1			
					66012561		
•	Place of Business	3. Mailing Address		7			
/ <u>300 N</u> Suite, Apt.	.W. 19th St.	7300 N.W. 1	9th St.				
Suite 101 Suite 101					DO NOT WRITE IN THIS SPA	DE	
City & Stat Miami,		City & State Miami, FL			FEI Number -1190469	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8	.75 Additional	
<u> 33126-</u>	1222 USA		USA			Required	
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name							
			del Va	<u>lle, </u>	le, Manuel R.		
			7300 N	. W .	Box Number is Not Acceptable) 19th St.		
			Suite	101			
پند			City Miami		FL ²	ip Code 33126-1222	
8. The above	named entity submits this statemen	t for the purpose of changin		r register	red agent, or both, in the State of Florida.	am familiar with.	
and accep	t the obligations of registered agent.			_	•		
SIGNATURE							
	Signature, typed or printed name of regist	ered agent and title if applicable	. (NOTE: Registered	Agent sig	nature required when reinstating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00	1			9. Election Campaign Financing	\$5.00 May Be	
	Amended UBR is \$61,25 Payable to Florida Department of	State			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND D	·	1		<u> </u>		
TITLE	D/P		TITLE				
NAME STREET ADDRESS	Baez, Margarita Calle 100, #8A-37,		NAME STREET ADDRESS				
CITY - ST - ZIP	Bogota, Colombi	a a	CITY - ST - ZIP				
TITLE	D/S/T		TITLE				
NAME STREET ADDRESS	Sanchez, Jairo	Manna 7 #E01	NAME OTREET ARRESS				
CITY - ST - ZIP	Calle 100, #8A-37, Boqota, Colombi		STREET ADDRESS CITY - ST - ZIP				
TITLE			ΠΤLE				
NAME STREET ADDRESS (NAME				
CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	Ľ	OO NOT WRITE IN THIS SI	PACE	
TITLE			TITLE				
NAME STREET ADDRESS .			NAME				
CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP				
TITLE			TITLE				
NAME STREET ADORESS			NAME				
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP				
TITLE	-		TITLE				
NAME STREET ADDRESS			NAME				
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS : CITY - ST - ZIP				
12. I hereby ce information an officer of	i indicated on this report or supplem	ental report is true and accu eceiver or trustee empowere	for the exemption state trate and that my signal of to execute this report	ture shall	tion 119.07(3)(i). Florida Statutes. I further of I have the same legal effect as if made und ired by Chapter 607, Florida Statutes; and t	or ooth: that I am	

SIGNATURE: 401/01/11/1000-9- Margarita Baez 4-21-08 305-477-6116
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #