
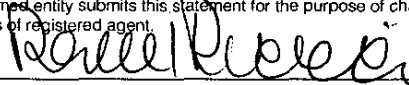
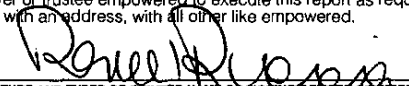


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90287 020 ***150.00

DOCUMENT # P03000069259 1. Entity Name RENEE RICCA'S PILATES CENTER, INC.			
Principal Place of Business 2238 SW 27TH TERR. MIAMI, FL 33133		Mailing Address 2238 SW 27TH TERR. MIAMI, FL 33133	
2. Principal Place of Business 2654 NE 189 TERR Suite, Apt. #, etc.		3. Mailing Address 2654 NE 189 TERR Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33180		Zip 33180	
Country USA		Country USA	
4. FEI Number 20-0054477		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLIFF, NANCY J 2238 SW 27TH TERR. MIAMI, FL 33133		7. Name and Address of New Registered Agent Name RENEE RICCA Street Address (P.O. Box Number is Not Acceptable) 2654 NE 189 TERR City MIAMI FL Zip Code 33180	
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 		DATE 4/15/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 P, D NAME NANCY J. CLIFF <input checked="" type="checkbox"/> Delete STREET ADDRESS 2238 SW 27 TERR CITY-ST-ZIP MIAMI, FL 33133	TITLE P, D NAME RENEE RICCA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 2654 NE 189 TERR CITY-ST-ZIP MIAMI, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: 		DATE 4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 305.460.6611	