


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

03-24-2004 90044 034 ***150.00

DOCUMENT # P03000083460

1. Entity Name
LADIES WORKOUT EXPRESS OF DORAL, INC.



Principal Place of Business 10828 NW 58 ST MIAMI, FL 33178	Mailing Address 10828 NW 58 ST MIAMI, FL 33178
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66429408



2. Principal Place of Business 4015 NW 79th Ave Suite, Apt. #, etc.	3. Mailing Address 4015 NW 79th Ave Suite, Apt. #, etc.
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07022004 Chg-P CR2E034 (10/03)

City & State Doral, FL	City & State Doral, FL	4. FEI Number 75-3125111	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country USA	Zip 33166	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MOORE, BOBBY L
9350 BENTLEY PARK
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	D MOORE, BOBBY L <input type="checkbox"/> Delete 9350 BENTLEY PARK ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELM, MICHAEL <input type="checkbox"/> Delete 9350 BENTLEY PARK ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 my address, with all other I am empowered.

SIGNATURE:  Date: 7/2/04 Daytime Phone # _____

Attachment

66429408
P03000083460

MARTIN M. PRAGUE, CPA P.A.
CERTIFIED PUBLIC ACCOUNTANT
545 NORTH PARK AVENUE, SUITE B
WINTER PARK, FLORIDA 32789-3214

(407) 644-2322

FAX: 407-644-2968

July 2, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

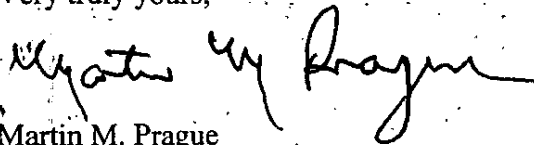
Our client received the enclosed Notice of Intent to Dissolve. Please note that it was sent to 4015 NW 79th Ave., Doral, FL 33166-6500.

The corporate annual report was originally filed and paid in March 2004. According to your representative, the report was returned due to a missing EIN. This was mailed to 10828 NW 58 St, Miami, FL 33178. Our client is not at this address, therefore did not receive the notice to get the problem resolved by May 1, 2004.

We are enclosing the 2004 Annual Report, correcting the address and including the EIN. We kindly request that the \$400 penalty be waived since it was not their intention to leave the problem unresolved.

If you have any questions, please call the undersigned.

Very truly yours;



Martin M. Prague

MMP /arb
enclosures