2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100804

Entity Name: SOLUTIONS WEIGHT CENTERS, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8420 W FLAGLER ST 8420 W FLAGLER ST MIAMI, FL 33144 SUITE 217

MIAMI, FL 33144

Current Mailing Address: New Mailing Address:

8420 W FLAGLER ST 8420 W FLAGLER ST MIAMI, FL 33144 SUITE 217

MIAMI, FL 33144

FEI Number: 06-1708076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOMEZ, GINA
GOMEZ, GINA

7880 SW 127 DRIVE 8420 WÉST FLAGLER STREET

MIAMI, FL 33183 US SUITE 217 MIAMI, FL 33144 US

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.

SIGNATURE: GINA GOMEZ 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 GOMEZ, GINA
 Name:
 GOMEZ, GINA

 Address:
 7880 SW 127 DRIVE
 Address:
 8420 WEST FLAGLER STREET, #217

Address. 7880 SVV 127 DRIVE Address. 8420 WEST FLAGLER STREET, #217 City-St-Zip: MIAMI, FL 33144

Title: DV () Delete Title: DV (X) Change () Addition

Name: MELO, ADRIANNE Name: MELO, ADRIANNE

Address: 7880 SW 127 DRIVE Address: 8420 WEST FLAGLER STREET, #217

City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA GOMEZ DP 04/30/2004