2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # P03000113897 1. Entity Name NATIONAL PERSONAL TRAINING INSTITUTE OF MIAMI, INC								•	03-21-200	6 90023	043 ***1	50.00	
Principal Place of Business 1969 SOUTH ALAFAYA TRAIL #308 ORLANDO, FL 32828 US			19 #3	Mailing Address 1969 SOUTH ALAFAYA TRAIL #308 ORLANDO, FL 32828 US				1 10 			11 84 (B183 (B1 1) 101	(189) (C 188)	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03082006	Chg-P	CR2E	34 (11/05)		
City & State			Ci	lly & State			4. FEI Numb 20-046				pplied For at Applicable		
Zip	Country			p	try		5. Certificate of Status Desired See Required Fee Required				litional d		
6. Name and Address of Current Registered Agent						None		7. Name and	Address of New R	egistered .	Agent		
MONACELLO, LOUIS J 1969 SOUTH ALAFAYA TRAIL						Name Street Address (P.O. Box Number is Not Acceptable)							
#308 ORLANDO, FL 32828								,					
						City				FL	Zip Cod	9	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTH: Hopistered Agent signature required								when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						ncing		00 May Be ed to Fees					
10.		OFFICERS AND	ORS			ADDITIONS,	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1969 SOL	LLO, LOUIS J JTH ALAFAYA TRAIL, # D, FL 32828	☐ Delete		ı					☐ Change	Addition		
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NAME Street address City-S1-Zip						ET ADDRESS -St-Zip							
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CITY-ST-ZIP				☐ Delete	TITLE						☐ Change	☐ Addition	
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of the cor changed,	poration or the or on an atta	12. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, 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.											