

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90051 049 ***158.75

DOCUMENT # P03000113897					
1. Entity Name NATIONAL PERSONAL TRAINING INSTITUTE OF MIAMI, INC					
Principal Place of Business 1250 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009 US			Mailing Address 10050 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2727 Philmont Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 109			
City & State		City & State Huntingdon Valley, PA		02022007 Chg-P CR2E034 (12/06)	
Zip	Country	Zip 19006	Country Montgomery	4. FEI Number 20-0464247	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONACELLO, LOUIS J 1250 EAST HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P MONACELLO, LOUIS J 10050 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 Philmont Ave Suite 109 Huntingdon Valley, PA 19006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCLLVAIN, GENE 10050 ROOSEVELT BOULEVARD PHILADELPHIA, FL 19116	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 Philmont Ave Suite 109 Huntingdon Valley PA 19006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE			X 3/27/07 215-969-1170		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		