

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90226 036 ***150.00

DOCUMENT # P03000124008

1. Entity Name

THE MUSCLE MECHANICS, INC.



Principal Place of Business
**11128 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

Mailing Address
**11128 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **55-0851084**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, MARC I
11128 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065**

Name **Deanna Lupo**
Street Address (P.O. Box Number is Not Acceptable)
11128 Royal Palm Blvd.

City **Coral Springs** **FL** Zip Code **33065**

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

Deanna Lupo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MR.	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MARC I PRES	
STREET ADDRESS	11128 ROYAL PALM BLVD.	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE	MS.	<input type="checkbox"/> Delete
NAME	LUPO, DEANNA L VPRES	
STREET ADDRESS	11128 ROYAL PALM BLVD.	
CITY - ST - ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deanna Lupo	
STREET ADDRESS	11128 Royal Palm Blvd	
CITY - ST - ZIP	Coral Springs, FL 33065	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Schwartz	
STREET ADDRESS	11128 Royal Palm Blvd	
CITY - ST - ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Deanna Lupo Deanna Lupo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 954-345-2323

Date

Daytime Phone #