2004- **2005 FOR PROFIT CORPORATION**

DOCUMENT # P03000132332

1. Entity Name
ASAP FITNESS INC.

FILED
05 JUN 17 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05262005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
1489 W. PALMETTO PARK RD., SUITE 400 BOCA RATON, FL 33486	1489 W. PALMETTO PARK RD., SUITE 400 BOCA RATON, FL 33486

2. Principal Place of Business	3. Mailing Address
225 NE Mizner Blvd	Michael DaszKal, CPA
Suite, Apt. #, etc.: Ste 300	Suite, Apt. #, etc.: 2401 NW Boca Raton Blvd.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: US	Zip: 33431 Country: US

4. FEI Number: 42-1634427 — 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
WALDEN CERTIFIED PUBLIC ACCOUNTANT, P.A. 1489 W. PALMETTO PARK RD., SUITE 400 BOCA RATON, FL 33486	Name: Michael DaszKal, CPA Street Address (P.O. Box Number is Not Acceptable): c/o DaszKal Bolton LLP 2401 NW Boca Raton Blvd. City: Boca Raton FL Zip Code: 33431

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: _____ Michael DaszKal, CPA 6/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Bentley Berzal 225 NE Mizner Blvd # 300 Boca Raton, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: _____ Bentley Berzal 6/13/05 561-703-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Lewis