

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000038605

FILED
Nov 24, 2008
Secretary of State**Entity Name:** AIRPORT FITNESS CENTER, INC.**Current Principal Place of Business:**5040 NW 7 ST, STE 920
MIAMI, FL 33126**New Principal Place of Business:**710 SW 57 AVE
MIAMI, FL 33144**Current Mailing Address:**5040 NW 7 ST, STE 920
MIAMI, FL 33126**New Mailing Address:**4337 SW 5 ST
MIAMI, FL 33134**FEI Number:** 10-1695722**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RUIZ, JOHN H
5040 NW 7 ST SUITE 920
MIAMI, FL 33126 US**Name and Address of New Registered Agent:**LUGO, OMAR
4337 SW 5 ST
MIAMI, FL 33134 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: OMAR LUGO

11/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUIZ, JOHN H
Address: 5040 NW 7 ST. STE 920
City-St-Zip: MIAMI, FL 33126

Title: DV () Delete
Name: LUGO, OMAR
Address: 5040 NW 7 ST. STE 510
City-St-Zip: MIAMI, FL 33126

Title: DS (X) Delete
Name: LUGO, DELIA
Address: 5040 NW 7 ST. STE 510
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LUGO, OMAR
Address: 4337 SW 5 ST
City-St-Zip: MIAMI, FL 33134

Title: DS (X) Change () Addition
Name: LUGO, DELIA
Address: 4337 SW 5 ST
City-St-Zip: MIAMI, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OMAR LUGO

DP

11/24/2008

Electronic Signature of Signing Officer or Director

Date