

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-28-2005 90199 025 ***158.75

DOCUMENT # P04000043689 1. Entity Name FIT FOOD FLORIDA CO.			
Principal Place of Business 700 16TH ST SUITE 20 MIAMI BEACH, FL 33138		Mailing Address 700 16TH ST SUITE 20 MIAMI BEACH, FL 33138	
2. Principal Place of Business 1500 BAY ROAD Suite, Apt. #, etc. SUITE 702		3. Mailing Address 1500 BAY ROAD Suite, Apt. #, etc. SUITE 702	
City & State MIAMI BEACH, FL Zip 33139		City & State MIAMI BEACH, FL Zip 33139	
Country USA		Country USA	
4. FEI Number 20-0848483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Joseph L. Kiss Street Address (P.O. Box Number is Not Acceptable) 1321 W. Federal Hwy City Hollywood FL Zip Code 33020	
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 date if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>		DATE 05/23/05	
FILE NOW!!! : FEE IS \$150.00 After May 1, 2005 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	PT SZUCS, GABOR 700 16TH ST SUITE 20 MIAMI BEACH, FL 33138	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SZEREPI, SZABOLCS 700 16TH ST SUITE 20 MIAMI BEACH, FL 33138	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 04/08/05	