2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065902

Title:

Name:

Address:

City-St-Zip:

Entity Name: SOHO HEALTH & FITNESS STUDIO INC

(X) Delete

3102 BAY OAKS CT APT 202

JOHN, ROBERT

TAMPA, FL 33629

FILED Apr 27, 2006 Secretary of State

Littly Nam	ie. 3010 11	LALITI & FIINESS STODIC	J INC.					
Current Principal Place of Business:				New Principal Place of Business:				
1413 SO HO SUITE 101 TAMPA, FL	OWARD AVE 33606	NUE						
Current Mailing Address:				New Mailing Address:				
1413 SO HO SUITE 101 TAMPA, FL	OWARD AVE 33606	NUE						
FEI Number: 20-0893191 FEI Number Applied For () FEI Number			FEI Num	mber Not Applicable () Certificate of Status Desired ()			esired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
JOHN, ROE 3102 BAY C TAMPA, FL	AKS CT	S						
The above in the State		submits this statement for th	ne purpose of	f changing it	s registered o	office or re	gistered ag	ent, or both,
SIGNATUR	E:							
Electronic Signature of Registered Agent					Date			
Election Cam	paign Financin	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	HANSEN, DAV	PRINGS DRIVE		Title: Name: Address: City-St-Zip:	P (X JOHN, ROBER 3102 BAY OAK TAMPA, FL 33	SCT) Addition	
Title: Name: Address: City-St-Zip:	D (X HANSEN, PAT 108 CLEAR SE MONTGOMER			Title: Name: Address: City-St-Zip:) Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT JOHN P 04/27/2006

() Change () Addition