2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000080095

1. Entity Name
NOB HILL FITNESS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
10197 W. SUNRISE BLVD PLANTATION, FL 33322	13300 SW 128 ST MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

01162006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-1142169		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALLADARES, ALEXANDER F
13300 SW 128 ST
MIAMI, FL, FL 33186

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALLADARES, ALEXANDER F
STREET ADDRESS	13300 SW 128 ST
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
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02/23/06-80083-025 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: (X) _____   2/8/06.   305-971-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #