

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

1/2

05 DEC -8 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000085250

1. Entity Name
SOUTH FLORIDA PERSONAL TRAINING, INC.



Principal Place of Business
2623 NW 55TH ST.
TAMARAC, FL 33309 US

Mailing Address
2623 NW 55TH ST.
TAMARAC, FL 33309 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07202005

Chg-P

CR2E034 (10/03)

City, State

City & State

4. FEI Number

20-1180846

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOZMA, JOSEPH
2623 NW 55TH ST.
TAMARAC, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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 P
NAME KOZMA, JOSEPH
STREET ADDRESS 2623 NW 55TH ST.
CITY-ST-ZIP TAMARAC, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

K. Eskei DEC 09 2005

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

On/Time Phone #

2/2

GARY DAVID BRADY, P.A.
Certified Public Accountant, Masters of Science in Taxation
2455 East Sunrise Boulevard, Suite 1205
Fort Lauderdale, FL 33304
Phone: 954-563-7456
Facsimile: 954-563-1896

December 6, 2005

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: South Florida Personal Training, Inc. P04000085250

Dear Sir or Madam:

We have been requested by the above referenced client of our office to respond to your letter of October 18, 2005 regarding reinstatement. A copy of the letter is enclosed for your reference.

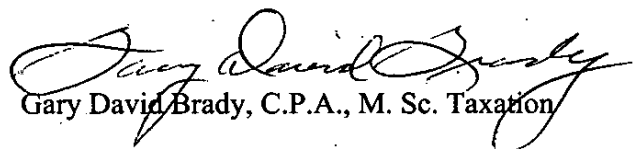
Our client came to us late in the summer of 2005 requesting accounting and tax services. When we accessed www.sunbiz.org we were able to download a copy of our client's articles of incorporation and noted they had not filed their annual report. After consulting with our new client they stated they never received the post card nor report. So, we downloaded the report, filled in the federal ID number and mailed same to our client with instructions for filing. Unfortunately Hurricane Katrina made landfall here in Broward County August 25, 2005 which delayed mail deliveries. Our client lost the roof on their home. Further, the aftermath with cleanup, restoration and such resulted in our client missing the Sept. 7, 2005 filing deadline.

In view of the foregoing natural disaster and in light of the fact that circumstances beyond our client's control contributed to the delay in filing, we respectfully request a waiver of the \$600 reinstatement fee.

We thank you for your time and consideration of this request and greatly appreciate your assistance in this matter. Should you have any questions, please do not hesitate to contact us.

Very truly yours,

Gary David Brady, P.A.


Gary David Brady, C.P.A., M. Sc. Taxation

CC: Joseph Kozma, President

Accounting * Taxes * Computer Consulting

Member American Institute of CPA's, Florida Institute of CPA's & Tax Division of the AICPA