

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90175 039 ***158.75

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01082005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1586381** Applied For
Not Applicable

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

DOCUMENT # P04000092787

1. Entity Name
FIT4LIFE BEAUTI & SUPPLEMENTS, CORP



Principal Place of Business Mailing Address
204 N UNIVERSITY DR 20301 NE 30TH AVE #322
PEMBROKE PINES, FL 33024 AVENTURA, FL 33180

2. Principal Place of Business 3. Mailing Address
20301 NE 30TH AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
#322

City & State City & State
AVENTURA FL.

Zip Country Zip Country
33180 MIAMI DADE

6. Name and Address of Current Registered Agent

GOLDMAN, ARTHUR EA
600 PARKVIEW DR STE 228
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

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 *James Wayne Clifford* 28 April 2005
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DRAPER CLIFFORD, TENA**
STREET ADDRESS **20301 NE 30TH AVE #322**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE **D** ☐ Delete
NAME **CLIFFORD, CASEY V**
STREET ADDRESS **20301 NE 30TH AVE #322**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *James Wayne Clifford* 28 April 2005 305-2973628
Signature and typed or printed name of signing officer or director Date Daytime Phone #