2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P04000109151

Entity Name: FITNESS CO OF SOUTHERN FLORIDA INC

Current Principal Place of Business:

% TROPICAL GYN
4970 W ATLANTIC BLVD
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

% TROPICAL GYN
4970 W ATLANTIC BLVD
MARGATE, FL 33063

New Mailing Address:

% TROPICAL GYN
10909 NW 5TH COURT
CORAL SPRINGS, FL 33071

FEI Number: 20-1254363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLETTA, HOPE
4970 W. ATLANTIC BLVD.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BALLETTA, HOPE
Address: 10909 NW 5TH CT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SV ( ) Delete
Name: BERMAN, MITCHELL
Address: 10909 NW 5TH COURT
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: HOPE BALLETTA PRES 04/28/2009

Electronic Signature of Signing Officer or Director — Date