


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000159160	
1. Entity Name EGO PERSONAL TRAINER, INC.	

Principal Place of Business 110 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33135 US	Mailing Address 110 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33135 US
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2. Principal Place of Business 110 Ponce de Leon Blvd	3. Mailing Address 112 Ponce de Leon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 2

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33135	Zip 33135
Country USA	Country USA

6. Name and Address of Current Registered Agent CHIRINO, MAYTE 112 PONCE DE LEON BOULEVARD 2 CORAL GABLES, FL 33135	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIRINO, MAYTE 112 PONCE DE LEON BOULEVARD APT.#2 CORAL GABLES, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100059787041 09/20/05--01040--023 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ROBERTO 112 PONCE DE LEON BOULEVARD APT.#2 CORAL GABLES, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	09/06/05 (786) 273-5750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED
05 SEP 15 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066861



07012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1919191	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required