

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 02, 2011
Secretary of State

Entity Name: BEACHES PILATES- FITNESS AND REHABILITATION, INC.

Current Principal Place of Business:

2220 CR 210 WEST
SUITE 108. PMB # 157
ST. JOHNS, FL 32259 US

New Principal Place of Business:

6413 JACK WRIGHT ISLAND ROAD
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

2220 CR 210 WEST
SUITE 108. PMB # 157
ST. JOHNS, FL 32259 US

New Mailing Address:

6413 JACK WRIGHT ISLAND ROAD
ST. AUGUSTINE, FL 32092 US

FEI Number: 20-2460084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, CYNTHIA
2220 CR 210 WEST
SUITE 108. PMB # 157
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

LYONS, CYNTHIA
BEACHES PILATES- FITNESS AND REHAB
6413 JACK WRIGHT ISLAND ROAD
ST. AUGUSTINE, FL 32092 US

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: CYNTHIA LYONS

03/02/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LYONS, CYNTHIA
Address: 6413 JACK WRIGHT ISLAND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: TREA
Name: LYONS, CYNTHIA
Address: 6413 JACK WRIGHT ISLAND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA LYONS

P

03/02/2011

Electronic Signature of Signing Officer or Director

Date