2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000041359

Entity Name: MRM LEG AND ARM FIT USA, CO.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1140 NE 7TH AVENUE STE 4 FORT LAUDERDALE, FL 33304 US **Current Mailing Address: New Mailing Address:** 1140 NE 7TH AVENUE STE 4 FORT LAUDERDALE, FL 33304 US FEI Number: 20-3293848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AG CORPORATE SERVICES, LLC 5805 LAGOON DRIVE SUITE 200 MIAMI, FL 33126 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOC COB () Delete Title: (X) Change () Addition Name: ARREAZA, RAFAEL O Name: ARREAZA, RAFAEL 16051 COLLINS AVENUE 1140 NE 7TH AVENUE, STE. 4 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: FORT LAUDERDALE, FL 33304 PSD Title: Title: () Delete (X) Change () Addition Name: HIRT, JEAN CLAUDE Name: HIRT. JEAN CLAUDE 1140 NE 7TH AVENUE, STE. 4 1140 NE 7TH AVENUE, STE. 4 Address: Address: FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition PINTO ARREIAS, ALICE Name: Name: 1140 NE 7TH AVENUE, STE, 4 Address Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33304 Title: () Delete Title: () Change (X) Addition YERA, EILEEN Name: Name: Address: Address: 1140 NE 7TH AVENUE, STE. 4 City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33304 Title: Title: () Change (X) Addition () Delete Name: Name: ALVARADO, JUAN 1140 NE 7TH AVENUE, STE, 4 Address: Address: City-St-Zip: City-St-Zip: FORT LAUDERDALE, FL 33304 Title: () Delete Title: OMGR () Change (X) Addition

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

Name:

Address:

City-St-Zip:

ESCALONA, JOVELLYN

1140 NE 7TH AVENUE, STE, 4

FORT LAUDERDALE, FL 33304

SIGNATURE: RAFAEL ARREAZA CEOC 04/26/2007

Name:

Address:

City-St-Zip: