Apr 26 2006 10:22AM P&P ACCOUNTING

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May 08, 2006 8:00 am
Secretary of State
05-08-2006 90305 014 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000088344

1. Entity Name
ATHLETES' OPTIMAL PERFORMANCE, INC.

40088263

Principal Place of Business	Mailing Address
1022 E. 18 STREET HIALEAH, FL 33013	1022 E. 18 STREET HIALEAH, FL 33013

04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7370 SW 82 ST.	7370 SW 82 ST.
Suite, Apt. #, etc. E-118	Suite, Apt. #, etc. E-118
City & State MiAmi FL	City & State MiAmi FL
Zip 33143 Country USA	Zip 33143 Country USA

4. FEI Number 20-3029999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FONSECA, MANUEL 1022 E. 18 STREET HIALEAH, FL 33013	Name Street Address (P.O. Box Number is Not Acceptable) 7370 SW 82 ST. # E-118 City MiAmi FL Zip Code 33143

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] 5-1-06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONSECA, MANUEL 1022 E. 18 STREET HIALEAH, FL 33013	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7370 SW 82 ST. # E-118 MiAmi FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, ALEJANDRO 4000 CHIPOLA STREET TALLAHASSEE, FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 5-1-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #