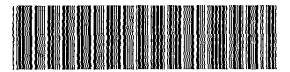
P05000116503

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

FO: Amendment Section Division of Corporations	
SUBJECT: AquaTerra Sport Fitness Inc. (Name of Corporation)	
DOCUMENT NUMBER: P05000116503	
The enclosed Statement of Change of Registered Office/Agent and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter to the following:	
Stacey L Diaz (Name of Contact Person)	 .
(Firm/Company)	•
14322 NW 83 PL (Address)	
Miami Lakes, FL 33016 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Stacey L Diazat (305) 39 (Area Code & Diaz	957936 aytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
P.O. Box 6327 Clifton Buil	Section Corporations ding tive Center Circle

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		502, 607.1508, or 617.1508, Florida Statutes, this amized under the laws of the State of Florida	
		istered agent, or both, in the State of Florida.	
1. The name of	the corporation: AquaTerra Sport	Fitness Inc.	
	I office address: 14322 NW 83 PL		
 			
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 09/01/2005	Document number: P05000116503	
	nd street address of the current registered artment of State:	l agent and registered office on file with the	
	DITO GLOBAL GROU	P INC	
	19462 NW 23RD PL PEN	MBROKE PINES FL 33029	
			,
6. The name an (if changed):		gent (if changed) and /or registered office	05 OC
	Stacey L Diaz	ASSI ASSI	
	14322 NW 83 PL	EP	9 ₹ m m
	(P.O. Box NOT accepta	06 16	-
The street add as changed will		717	agent,
Such change v authorized by	vas authorized by resolution duly adop the board, or the corporation has been	nted by its board of directors or by an officer so notified in writing of the change.	
	ature of an other or director)	Stacey L Diaz (Printed or typed name and title)	
I hereby accept further agree of my duties, a document is be corporation he	of the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the c eing filed merely to reflect a change in as been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and complete perfor obligation of my position as registered agent. Or, the registered office address, I hereby confirm th ge.	mance if this iat the
		10/04/2005	
If signing on b	Dehalf of an entity:	(Date)	
	(Typed or Printed Name)		
	,	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)