

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 001 ***150.00

DOCUMENT # P05000129302

1. Entity Name

JUST LIFT FITNESS, INC.



Principal Place of Business

8333 W. MCNAB RD STE 127
TAMARAC FL 33321

Mailing Address

8333 W. MCNAB RD STE 127
TAMARAC FL 33321

2. Principal Place of Business

1143 Banks Road

Suite, Apt. #, etc.

3. Mailing Address

1143 Banks Road

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

4. FEI Number

65-1260161

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33063

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ROBERT H
8333 W. MCNAB RD STE 127
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name JEFFREY LAWSON

Street Address (P.O. Box Number is Not Acceptable)
1143 Banks Road

City Margate

FL

Zip Code 33063

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

Jeffrey Lawson

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LAWSON, JEFFREY
STREET ADDRESS 5928 NW 93RD TERRACE
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEE, MARLIN
STREET ADDRESS 5156 NW 57 DR
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME LEE, MARLIN
STREET ADDRESS 5156 NW 57 DR
CITY-ST-ZIP CORAL SPRINGS FL 33067

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jeffrey Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #