

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90310 040 ***150.00

DOCUMENT # P05000129643
1. Entity Name
MINI WORKOUTS INC

DO NOT WRITE IN THIS SPACE

50019638

2. Principal Place of Business 2819 NE 24TH PLACE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State OCALA, FL	City & State	4. FEI Number 33-1124581	Applied For <input type="checkbox"/> Not Applicable
Zip 34470	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SUSAN MINICOZZI
Street Address (P.O. Box Number is Not Acceptable) 2819 NE 24TH PL
City OCALA
State FL
Zip Code 34470

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 Susan Miniccozzi **4/6/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUSAN MINICOZZI 2819 NE 24TH PL OCALA, FL 34470
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Miniccozzi **SUSAN MINICOZZI** **4/6/2006** **(352) 624-0260**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #