

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 017 ***150.00

DOCUMENT # PO 5000129643 1. Entity Name	
MINI WORKOUTS INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2819 NE 24TH PLACE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FL		City & State	
Zip 34470	Country	Zip	Country

40068534

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 33-1124581		Applied For
			Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name SUSAN MINICOZZI		
Street Address (P.O. Box Number is Not Acceptable) 2819 NE 24TH PL			
OCALA			
City			
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

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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUSAN MINICOZZI 2819 NE 24TH PL OCALA FL 34470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Minicozzi SUSAN MINICOZZI 4/1/2007 352-624-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #