## 2008 FOR I FIT CORPORATION

## **FILED** $\mathbf{AM}$

	711	AL INEI OIVI		Feb 14, 2008 08:00
1. Entity Nam		45319		Secretary of Stat
SEAN PA	ATRICK PEREZ, P.A.			( )
Principal Plac	ce of Business	Mailing Address	,	
1105 SW 87 Miami, Fl. 3		1105 SW 87 AVE MIAMI, FL 33174	r, Erong T	A Notice of the Control of the Contr
	***	2		
, (4 (4)	NO NOT WOL	FF IN THIS SI		02122008 No Chg-P CR2E034 (11/05)
; , L	O NOI WRII	TE IN THIS SI	PACE	4. FEI Number Applied For 06-1759697 Not Applicable
*				5. Certificate of Status Desired S8.75 Additional Fee Required
DEDET C	6. Name and Address of Curr	ent Registered Agent		
PEREZ, SEAN P 1105 SW 87TH AVE MIAMI, FL 33174				DO NOT WRITE
,				IN THIS SPACE
8. The above named entity submits this etatement 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 or registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.			Registered Agent signature required	<b>2//2/t</b> 身  when reinstating) はカカウカウタフできっ
FIL After M	E NOWIII FEE 15 \$150:00 ay 1, 2008 Fee will be \$5	9. Election Campaign Trust Fund Contrib		.00 May Be ed to Fees 02/21/08-80098-012 150.00
10.		AND DIRECTORS		
TITLE	PD DEDEZ OF AND		, , ;	
NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, SEAN P 1105 SW 87 AVE MIAMI, FL 33174	•		
TITLE				
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	****			
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME		****		IN THIS SPACE
STREET ADDRESS City-St-Zip				
TITLE				
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME STREET ADDRESS CITY-SY-ZIP				
12. I hereby of indicated of the corchanged.	certify that the information supplied on this report or supplemental rep poration or the receiver or truetee or on an attachment with an addic-	with this filling does not qualify for the strue and accurate and that my impowered to execute this report as with an other like empowered.	the exemptions contained signature shall have the s s required by Chapter 607	In Chapter 119. Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	URE:	OR PRINTED NAME OF SIGNING OFFICER OR	R DIRECTOR	-//2/08 3017666799 Date Dayline Priore #