2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000152200

1 Entity Name

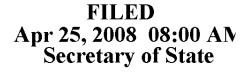
SALÓMON SERVICES INTENSE FITNESS TRAINING, INC.



Principal Place of Business

2225 A1A S. SUITE B-8 ST. AUGUSTINE, FL 32080 Mailing Address

2225 A1A S. SUITE B-8, ST. AUGUSTINE, FL 32080





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03282008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 20-3823375
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROPERO, SALOMON 451 ARRICOLA AVE. ST. AUGUSTINE, FL 32080 DO NOT WRITE IN THIS SPACE

					1.35		
	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida.	am familiar with, a	ind accept
SIGNATURE.							
	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registere	d Agent signature	required when rematating)	D.	ATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees	0000009233 05/16/08-8002	' w' &	. 90
10.	OFFICERS AND DIREC	CTORS		1 1	क्षित्र बन्दा ताक अन्त	garatelite qu	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROPERO, SALOMON 451 ARRICOLA AVE. ST. AUGUSTINE, FL 32080			783 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROPERO, TANYA 451 ARRICOLA AVE. ST. AUGUSTINE, FL 32080						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4	DO	NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				İN	THIS SPAC	E	
TITLE 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 Chapter 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NULL DENEM TONGO DISCO 4/18/0

4/18/08 (994)461-994