

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000160480

Entity Name: POWER FITNESS CENTER, INC.

FILED
Oct 11, 2007
Secretary of State

Current Principal Place of Business:

1501 SW 122 AVE
2
MIAMI, FL 33184

New Principal Place of Business:

7297 NW 36 ST
MIAMI, FL 33166

Current Mailing Address:

1501 SW 122 AVE
2
MIAMI, FL 33184

New Mailing Address:

PO BOX 520912
MIAMI, FL 33152

FEI Number: 20-3918780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLANI, OSCAR
1501 SW 122 AVE
2
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

VOLANI, OSCAR OWNER
7297 NW 36 ST
MIAMI, FL 33166 US

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.

SIGNATURE: OSCAR VOLANI

10/11/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: VOLANI, OSCAR
Address: 1501 SW 122 AVE., STE. 2
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: VOLANI, OSCAR OWNER
Address: PO BOX 520912
City-St-Zip: MIAMI, FL 33152

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR VOLANI

OWNR

10/11/2007

Electronic Signature of Signing Officer or Director

Date