2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2008
Secretary of State

DOCUMENT# P06000035284

Entity Name: ART FITNESS AND HEALTH, CORP

Current Principal Place of Business:

9064 COLLINS AVE
SUITE 10
MIAMI BEACH, FL 33154

New Principal Place of Business:

500 BAYVIEW DR.
SUITE 320
SUNNY ISLES, FL 33160

Current Mailing Address:

9064 COLLINS AVE
SUITE 10
MIAMI BEACH, FL 33154

New Mailing Address:

500 BAYVIEW DR.
SUITE 320
SUNNY ISLES, FL 33160

FEI Number: 20-4500888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARULANDA, CLAUDIA
9064 COLLINS AVE
SUITE 10
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

MARULANDA, CLAUDIA
500 BAYVIEW DR.
SUITE 320
SUNNY ISLES, FL 33160 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: 08/30/2008
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: P ( ) Delete
Name: MARULANDA, CLAUDIA
Address: 9064 COLLINS AVE, SUITE 10
City-St-Zip: MIAMI BEACH, FL 33154 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARULANDA, CLAUDIA
Address: 500 BAVIEW DR
City-St-Zip: SUNNY ISLES, FL 33160 US

Title: VP ( ) Change (X) Addition
Name: TORNE, JUAN F
Address: 500 BAYVIEW DR.
City-St-Zip: SUNNY ISLES, FL 33160 US

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: JUAN TORNE VP 08/30/2008
Electronic Signature of Signing Officer or Director — Date