

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059445

Entity Name: R&R FITNESS 3, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1855 WELLS RD., SUITE 4
ORANGE PARK, FL 32073

New Principal Place of Business:

1635 EAGLE HARBOR PARKWAY
SUITE 1
FLEMING ISLAND, FL 32003

Current Mailing Address:

1855 WELLS RD., SUITE 4
ORANGE PARK, FL 32073

New Mailing Address:

1635 EAGLE HARBOR PARKWAY
SUITE 1
FLEMING ISLAND, FL 32003

FEI Number: 58-2661155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO, RAMON
1855 WELLS RD., SUITE 4
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

ROSARIO, RAMON
1635 EAGLE HARBOR PARKWAY
SUITE 1
FLEMING ISLAND, FL 32003 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: RAMON ROSARIO

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: ROSARIO, RAMON
Address: 1855 WELLS RD., SUITE 4
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: BERGMANN, KRISTY
Address: 1855 WELLS RD., SUITE 4
City-St-Zip: ORANGE PARK, FL 32073

Title: SD () Delete
Name: WALDNER, HARRY V
Address: 1855 WELLS RD., SUITE 4
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: ROSARIO, RAMON
Address: 1635 EAGLE HARBOR PARKWAY, SUITE 1
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VD (X) Change () Addition
Name: BERGMANN, KRISTY
Address: 1635 EAGLE HARBOR PARKWAY, SUITE 1
City-St-Zip: FLEMING ISLAND, FL 32003

Title: SD (X) Change () Addition
Name: WALDNER, HARRY V
Address: 1635 EAGLE HARBOR PARKWAY, SUITE 1
City-St-Zip: FLEMING ISLAND, FL 32003

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: RAMON ROSARIO

OWNE

04/29/2009

Electronic Signature of Signing Officer or Director

Date