

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067288

Entity Name: GET FIT TRAINING, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

3251 SW 131 TERRACE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3251 SW 131 TERRACE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 20-4877251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERG, ADAM S
1792 BELL TOWER LANE
WESTON TOWN CENTER
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: LEWIN, COREY
Address: 3251 SW 131 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: MR () Delete
Name: GENTILE, JOSEPH
Address: 9640 NW 7TH CIRCLE #2012
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change () Addition
Name: GENTILE, JOSEPH
Address: 500 NORTH CONGRESS AVENUE APT. A-104
City-St-Zip: DELRAY BEACH, FL 33445

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: COREY LEWIN

MR

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date