2008 FOR PROFIT CORPORATION Jan 14, 2008 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P06000076441** 1. Entity Name G & J PILATES, INC. Principal Place of Business Mailing Address **485 BILTMORE WAY 485 BILTMORE WAY** CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US No Chg-P 01112008 DO NOT WRITE IN THIS SPACE 4. FEI Number 74-3179984 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent

FILED

CR2E034 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | | DO NOT WRITE IN THIS SPACE |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| the obligate | named entity submits this statement for the plant of registered agent. Signature, typed or printed name of registered agent and title | | | registered agent, or both, in the State of Florida. I am familiar with, and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be U00000782685 | | \$5.00 May Be #00000792595 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECT P RACKOWE, GRACE A 4250 SALZEDO STREET, #603 CORAL GABLES, FL 33146 D VARGAS, JAVIER B 4250 SALZEDO STREET, #603 CORAL GABLES, FL 33146 | CTORS | DO NOT WRITE IN THIS SPACE | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | emptions contained in Chapter 119, Florida Statutes. I further certify that the information | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information cumuliad with this f | filling does not qualify for the ex- | | |

on this report of 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.