

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90320 001 ***600.00

DOCUMENT # P06000091574
1. Entity Name FIT Markets Corp.

DO NOT WRITE IN THIS SPACE**66012563**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222 Country USA		3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222 Country USA		4. FEI Number 20-5188385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

DO NOT WRITE IN THIS SPACE**7. Name and Address of Current Registered Agent**

Name del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.
Suite Suite 101
City Miami
State FL
Zip Code 33126-1222

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/P	NAME Baez, Margarita	TITLE	
STREET ADDRESS Calle 100, #8A-37, Torre A #501	CITY - ST - ZIP Bogota, Colombia	STREET ADDRESS	
TITLE D/S/T	NAME Sanchez, Jairo	TITLE	
STREET ADDRESS Calle 100, #8A-37, Torre A #501	CITY - ST - ZIP Bogota, Colombia	STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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CITY - ST - ZIP		CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita Baez

4-21-08

Date

305-477-6116

Daytime Phone #