## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109393

**Entity Name: SIMONEFITNESS CORPORATION** 

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

325 OCEAN DRIVE 110 WASHINGTON AVE 404

1412

MIAMI, FL 33139 MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

325 OCEAN DRIVE 110 WASHINGTON AVE 1412

MIAMI, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 20-5415449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAMBOA, ELBA CAVALLETTI, SIMONE 325 OCEÁN DRIVE 110 WASHINGTON AVE

404 1412 MIAMI, FL 33139 US MIAMI BEACH, FL 33139 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: SIMONE CAVALLETTI 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

CAVALETTI, SIMONE CAVALLETTI, SIMONE Name: Name: 325 OCEAN DRIVE - SUITE 404 Address: 110 WASHINGTON AVE 1412 Address: City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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.

Ρ SIGNATURE: SIMONE CAVALLETTI 04/30/2009