## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000113795

Entity Name: THE PILATES ROOM CO.

SURFSIDE, FL 33154

City-St-Zip:

FILED Jan 08, 2008 Secretary of State

| Current Principal Place of Business:        |   |  | New Principal Place of Business:             |  |
|---|---|--|--|--|
|   | 63RD STREET<br>IIAMI BEACH, F                           |  |  |  |
| Current Mailing Address:                    |   |  | New Mailing Address:                         |  |
|   | 63RD STREET<br>IIAMI BEACH, F                           |  |  |  |
| FEI Number                                  | : 20-5529164  | FEI Number Applied For ( )             | FEI Number Not Applicable ( )                | Certificate of Status Desired ( )      |
| Name and                                    | Address of C  | urrent Registered Agent:               | Name and Address o                           | f New Registered Agent:                |
| The above                                   | LYLE AVE<br>E, FL 33154                                 | US<br>submits this statement for the p | ourpose of changing its registered           | d office or registered agent, or both, |
| SIGNATUI                                    | RE:   |  |  |  |
|   | Electron  | ic Signature of Registered Age         | ent  | Date                                   |
| Election Car                                | mpaign Financing  | Trust Fund Contribution ( ).           |  |  |
| OFFICERS AND DIRECTORS:                     |   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D ()<br>LAVIRE, MICHE<br>100 SCOTIA DR<br>LANTANA, FL 3 | . <b>#</b> 408                         | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ()Change ()Addition                    |
| Title:<br>Name:<br>Address:                 | D ()<br>CARMONA, LIZA<br>8958 CARLYLE                   |  | Title:<br>Name:<br>Address:                  | ( ) Change ( ) Addition                |

City-St-Zip:

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: MICHELE LAVIRE D 01/08/2008