

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000113795

Entity Name: THE PILATES ROOM CO.

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2175 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

2175 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 20-5529164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARMONA, LIZA  
2175 NE 163RD. STREET  
NORTH MIAMI BEACH, FL 33162 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LAVIRE, MICHELE  
Address: 2175 NE 163RD ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D  
Name: CARMONA, LIZA  
Address: 8958 CARLYLE AVE  
City-St-Zip: SURFSIDE, FL 33154

I hereby 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 all other like empowered.

SIGNATURE: LIZA CARMONA

MRS.

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date