

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147001

FILED
Feb 12, 2007
Secretary of State

Entity Name: THE LITTLE GYM OF CORAL GABLES, INC.

Current Principal Place of Business:

15528 SHARPECROFT DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

8860 NORTHWEST 187TH STREET
MIAMI, FL 33018

Current Mailing Address:

15528 SHARPECROFT DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

8860 NORTHWEST 187TH STREET
MIAMI, FL 33018

FEI Number: 56-2626161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLIDGE, CAMILLE A ESQ.
401 EAST LAS OLAS BLVD.
SUITE 1400
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

TRAGER, ROSS
1000 N HIATUS ROAD
SUITE 110
PEMBROKE PINES, FL 33026 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: ROSS TRAGER

02/12/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: GOODMAN, XIOMARA
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP,T () Delete
Name: SANDERSON, PATRICIA
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Delete
Name: GOODMAN, XIOMARA
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Delete
Name: SANDERSON, PATRICIA
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Delete
Name: WILLIAM, GOODMAN
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: D (X) Delete
Name: CASTANEDA, JUAN
Address: 15528 SHARPECROFT DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: GOODMAN, XIOMARA
Address: 8860 NORTHWEST 187TH STREET
City-St-Zip: MIAMI, FL 33018

Title: VP,D (X) Change () Addition
Name: GOODMAN, WILLIAM
Address: 8860 NORTHWEST 187TH STREET
City-St-Zip: MIAMI, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: XIOMARA GOODMAN

P

02/12/2007

Electronic Signature of Signing Officer or Director

Date