

2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2008-90001-027-\$150.00-\$150.00

DOCUMENT # P07000076283					
1. Entity Name TONE UP FITNESS, INC					
Principal Place of Business 1441 SOUTHWEST 104 PATH, UNIT 102 MIAMI, FL 33174			Mailing Address 1441 SOUTHWEST 104 PATH, UNIT 102 MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # 15311 S.W. 73rd Terr Cir			3. Mailing Address 15311 SW 73rd Terr Cir		
Suite, Apt. #, etc. Apt. # 1			Suite, Apt. #, etc. Apt. # 1		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33193		Country USA		Zip 33193	
Country USA		4. FEI Number 223965963			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name PEDRO GOMEZ Street Address (P.O. Box Number is Not Acceptable) 15311 SW 73rd Terr Cir., Apt. #1 City Miami FL Zip Code 33193		
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:				8/27/08 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOMEZ, PEDRO 1441 SOUTHWEST 104 PATH, UNIT 102 MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOMEZ, PEDRO 15311 SW 73rd Terr. Circ. Apt 1 Miami, Florida 33193	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT JAMES, NERISSA 1441 SOUTHWEST 104 PATH, UNIT 102 MIAMI, FL 33174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:				27 August 786-208-4988 Date Daytime Phone #	

FILED
08 SEP 26 AM 10:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

