


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90019 040 \*\*\*150.00

<b>DOCUMENT # P07000096677</b> 1. Entity Name FITNESS TRAINING INTERNATIONAL, INC.																																			
Principal Place of Business 1429 SW 9TH ST., APT. 9 FT. LAUDERDALE, FL 33312		Mailing Address 1429 SW 9TH ST., APT. 9 FT. LAUDERDALE, FL 33312																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip																																	
4. FEI Number 36-0821858		Applied For Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent TURNER, OTHEL 5787 W. SUNRISE BLVD. PLANTATION, FL 33313																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code		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 _____ DATE 2/15/08																																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           PVST BOADA, JOSE 1429 SW 9TH ST., APT. 9 FT. LAUDERDALE, FL 33312         </td> <td style="width: 10%; text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;">           D BOADA, JOSE 1429 SW 9TH ST., APT. 9 FT. LAUDERDALE, FL 33312         </td> <td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="text-align: center; padding: 2px;"> <input type="checkbox"/> Delete         </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BOADA, JOSE 1429 SW 9TH ST., APT. 9 FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOADA, JOSE 1429 SW 9TH ST., APT. 9 FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           Change <input type="checkbox"/> Addition <input type="checkbox"/> </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>										
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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: _____ DATE 2/15/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																			