

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111704

FILED  
Mar 16, 2008  
Secretary of State

Entity Name: RIPPED FITNESS CENTER, INC.

## Current Principal Place of Business:

5983 NW 102ND AVENUE  
DORAL, FL 33178 US

## New Principal Place of Business:

## Current Mailing Address:

5983 NW 102ND AVENUE  
DORAL, FL 33178 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPOEIRA AROUND THE WORLD, INC.  
5983 NW 102ND AVENUE  
DORAL, FL 33178 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PIZANELLI, MARCIO R SR.  
Address: 5983 NW 102ND AVENUE  
City-St-Zip: DORAL, FL 33178 US  
  
Title: VP ( ) Delete  
Name: DESOUZA, CLAUDIA A MS.  
Address: 365 ARVIDA PKY  
City-St-Zip: CORAL GABLES, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PIZANELLI, MARCIO R MR.  
Address: 5983 NW 102ND AVENUE  
City-St-Zip: DORAL, FL 33178 US  
  
Title: VP (X) Change ( ) Addition  
Name: DESOUZA, CLAUDIA A MRS.  
Address: 365 ARVIDA PKY  
City-St-Zip: CORAL GABLES, FL 33156 US

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: CLAUDIA ANDRADE DESOUZA

VP

03/16/2008

Electronic Signature of Signing Officer or Director

Date