2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000330

City-St-Zip:

MIRAMAR, FL 33023

FILED May 26, 2009 Secretary of State

Entity Nai	me: ON FIRE	FITNESS,INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
3490 FOXCROFT ROAD,#303 MIRAMAR, FL 33025			3490 FOXCROFT ROA 303 MIRAMAR, FL 33025		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3490 FOXCROFT ROAD,#303 MIRAMAR, FL 33025			3490 FOXCROFT ROA 303 MIRAMAR, FL 33025		
FEI Number:	: 26-1688053	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GOLDSMITH, JOHN 3490 FOXCROFT ROAD #303 MIRAMAR, FL 33025 US The above named entity submits this statement for the purpose on the State of Florida.			3490 FOXCRÓFT ROA #303 MIRAMAR, FL 33025 U	MIRAMAR, FL 33025 US	
SIGNATURE: JOHN GOLDSMITH				05/26/2009	
	Electron	ic Signature of Registered Age	nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO () GOLDSMITH, JO 3490 FOXCROP MIRAMAR, FL	T ROAD,#303	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GOLDSMITH, JO 19615 NW 5TH MIAMI, FL 3316	PLACE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	S () GOLDSMITH, P.		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: JOHN GOLDSMITH Ρ 05/26/2009