2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000044115

Entity Name: EQUINOX SPORTS CLUB MIAMI, INC.

895 BROADWAY, 3RD FLOOR

NEW YORK, NY 10003

Address: City-St-Zip: FILED Apr 15, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
895 BROA 3RD FLOO NEW YOR	· - · · ·		895 BROADWAY ACCOUNTING/ SUE MADDI NEW YORK, NY 10003	
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
C/O ROSEN GREENBERG BLAHA LLP 40 WALL STREET, 32ND FLOOR NEW YORK, NY 10005			895 BROADWAY ACCOUNTING/ SUE MADDI NEW YORK, NY 10003	
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
236 EAST	RP INCORPORATED 6TH AVENUE SSEE, FL 32303 US			
	named entity submits this statement for t e of Florida.	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete SPEVAK, HARVEY 895 BROADWAY, 3RD FLOOR NEW YORK, NY 10003	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete SEGALL, LARRY 895 BROADWAY, 3RD FLOOR NEW YORK, NY 10003	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	COO () Delete ROSEN, SCOTT	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: SUSAN MADDI CPA 04/15/2009