

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087566

FILED
Apr 29, 2009
Secretary of State

Entity Name: NORMANDED FITNESS 1, INC

Current Principal Place of Business:

2700 NW 44TH ST
205
OAKLAND PARK, FL 33309

New Principal Place of Business:

5051 LAKEWOOD DRIVE
COOPER CITY, FL 33330

Current Mailing Address:

2700 NW 44TH ST
205
OAKLAND PARK, FL 33309

New Mailing Address:

5051 LAKEWOOD DRIVE
COOPER CITY, FL 33330

FEI Number: 26-3202305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINMANN, EDWARD DC
2700 NW 44TH ST
205
OAKLAND PARK, FL 33309 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: CEO () Delete
Name: WEINMANN, EDWARD M DC
Address: 2700 NW 44TH ST # 205
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: P () Delete
Name: ADELKOPF, NORMAN DC
Address: 5051 LAKEWOOD DR
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORMAN ADELKOPF, DC

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date