

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000099644

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** DRIVEN HEALTH & FITNESS SERVICES INC

**Current Principal Place of Business:**

1120 E. KENNEDY BLVD., STE 129  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

1950 SWEETBROOM CIRCLE  
APT 106  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 26-3670703      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ECHEVERRY, LUIS A  
1120 E. KENNEDY BLVD., STE 129  
TAMPA, FL 33602 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: ECHEVERRY, LUIS A  
Address: 1950 SWEETBROOM CIRCLE APT 106  
City-St-Zip: LUTZ, FL 33559 US

I hereby 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 all other like empowered.

SIGNATURE: LUIS A ECHEVERRY

CEO

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date