

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000070660

Entity Name: 441 FITNESS, INC.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10018 SPANISH ISLES BLVD. #A51  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10018 SPANISH ISLES BLVD. #A51  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 27-0796875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEFFERTS, SCOTT  
3299 CLINT MOORE ROAD  
APT. 202  
BOCA RATON, FL 33496 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: P  
Name: LEFFERTS, SCOTT  
Address: 3299 CLINT MOORE ROAD, APT 202  
City-St-Zip: BOCA RATON, FL 33496

Title: VP  
Name: MOSLEY, LANCE  
Address: 4557 PURDUE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ST  
Name: GRASSI-MOSLEY, ADRIANA  
Address: 4557 PURDUE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

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: SCOTT LEFFERTS

P

02/16/2011

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

\_\_\_\_\_  
Date