## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # P93000023815  1. Entity Name EZ FIT, INC.					Sec	cretary	of State
Principal Plac 333 N. E. 28 BOCA RATON	TH STREET 3	ailing Address 33 NE 28TH STREET OCA RATON, FL 33431 (	ıs		- -		
D	O NOT WRITE II	N THIS SPA	CE	04142005 4. FEI Numb	No Chg-P	CR2E034 (1	, 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 1114 - 114
			······································	65-039 5. Certificate	9534 of Status Desired		Not Applicable  '5 Additional lequired
6. Name and Address of Current Registered Agent  ZANIN, ELDA S 333 N. E. 28 STREET  BOCA RATON, FL 33431					NOT W		ware two
B. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and title II applicable  (NOTE: Fegistered Agent signature required when rightstaffing)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	04/30/05-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P  ZANIN, ELDA S  333 N. E. 28TH ST.  BOCA RATON, FL	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					many companies of months and a	Control Control Control	Action to the second se
NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				===IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE						<u> </u>	A STATE OF THE PARTY OF T
NAME STREET ADDRESS CITY-ST-ZIP	partify that the information currentled with this	Time does not qualify for the av	emption stated in	o Section 110 (77/2)	(i) Florida Statutos	i (urther certify th	at the information
indicated of the co- changed	certify that the information supplied with this f on this report or supplemental report is true- poration or the receiver or trustee empowere , or on an attachment with an address, with a	and accurate and that my sign d to execute this report as requ ll other like empowered.	ature shall have tured by Chapter	the same legal effer 607, Florida Statute	ct as if made under ones, and that my name	path; that I am an e appears in Bloc	officer or director ck 10 or Block 11 if