


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90533 046 \*\*\*150.00

<b>DOCUMENT # P93000025740</b>	
1. Entity Name <b>POSITIVE FITNESS RESULTS, INC.</b>	

Principal Place of Business <b>3736 NE 166 STREET NORTH MIAMI BEACH, FL 33160 US</b>	Mailing Address <b>P.O. BOX 800822 AVENTURA, FL 33280 US</b>
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2. Principal Place of Business <b>3915 NE 168 STREET</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NORTH MIAMI BEACH FL</b>	City & State
Zip <b>33160</b>	Country <b>U.S.</b>

**00046133**



04152005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0412262</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WARREN, GENE A 3736 NE 166 STREET NORTH MIAMI BEACH, FL 33160</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3915 N.E. 168 STREET</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33160</b>
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8. 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 <b>Gene A. Warren</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4.29.05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.	
SIGNATURE: <b>Gene A. Warren</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4.29.05</b> Daytime Phone # <b>305.321.0020</b>



ATTACHMENT  
50046155-

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 25, 2005

POSITIVE FITNESS RESULTS, INC.  
P.O. BOX 800822  
AVENTURA, FL 33280 US

~~SUBJECT: POSITIVE FITNESS RESULTS, INC.~~  
Ref. Number: P93000025740

We have received your check(s) totaling \$450.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 205A00028289