## FOR PROFIT CORPORATION BR)

FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90980 018 \*\*\*150.00

UNIFORM BUSINESS RE	EPORT (UI
DOCUMENT # P9300002574	0
1. Entity Name	

Pos.	itive FITNESS RES	ULTS INC.						
	DO NOT WRITE	IN THIS SP	ACE					
2. Principal P	Place of Business	3. Mailing Address P.O. Box 80	00822				!	
Suite, Apt.	Huite, Apt. #, etc.  736 N.E. 166 STREET AVENTURA FL 33280-0822  DO NOT WRITE IN THIS SPACE							DE
City & Stat ル. Mパ	City & State City & State City & State			4 FELNO	0412262		Applied For Not Applicable	
331 loc	Country	33280.0822	Country 4,5.			ate of Status Desired		75 Additional Required
				7	7. Name ar	d Address of Current Re	gistered Age	ent
	DO NOT WRITE  Name GENE A. WARREN  Street Address (P.O. Box Number is Not Acceptable)							
	A CONTRACTOR OF THE PROPERTY O		Street Ac	idress (P	O. Box Nur	nber is Not Acceptable)	<del>-}</del>	
IN THIS SPACE 3736 N.E. 166 STREET								
	and the second s		City	M	iami	BEACH	FL   <sup>2</sup>	Zip Code
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 .	Signature Typed or printed name of registered agent an	od title if applicable. (NOTE: F	Registered Agent signatu	re required w	vhen reinstating	<u> </u>	DATE	<u>.                                    </u>
1	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State			9.	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees
10.	OFFICERS AND E	VIRECTORS	a marke in		1000年100日		Laboration Advantage in the	
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12   Lhoroby o				894; <u>8</u> 56		<u>经得到进行工具的政治。</u>	*	

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR