

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CONFIRMATION
AT THE ALBERTA ART
1995



THE STATE OF PENNSYLVANIA
Commonwealth
Commonwealth
Commonwealth

REMOVED

DOCUMENT # P93000047095 (3)

NATURALLY FIT, INC.

7741 NORTHWEST 6TH COURT
PEMBROKE PINES FL 33024

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PEMBROKE PINES FL 33024

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30. Table of Last Report

2. Business Name		24. Mailing Address		4. File Number	5.00/01/1993	6.00/01/1994
21		26		65-0480762		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22		27		5. Certificate of Status: Desired		\$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	25	26	27	7. The corporation has liability for intangible tax under S. 199.032 Florida Statute.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
RECHANI, LUIS JR. 7741 NORTHWEST 6TH COURT PEMBROKE PINES FL 33024				B1	Name	
				B2	Street Address (P.O. Box Number is Not Acceptable)	
				B3		
				B4	City	Zip Code
					FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and intend the obligations of Section 607.0506, Florida Statutes.

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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D RECHANI, LUIS JR.	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	7741 NORTHWEST 6TH COURT	2. STREET ADDRESS	
CITY STATE ZIP	PEMBROKE PINES FL 33024	3. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
ADDRESS		5. STREET ADDRESS	
CITY STATE ZIP		6. CITY STATE ZIP	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		8. STREET ADDRESS	
CITY STATE ZIP		9. CITY STATE ZIP	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		11. STREET ADDRESS	
CITY STATE ZIP		12. CITY STATE ZIP	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		14. STREET ADDRESS	
CITY STATE ZIP		15. CITY STATE ZIP	
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		17. STREET ADDRESS	
CITY STATE ZIP		18. CITY STATE ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.17(5) of the Florida Statutes. I further certify that the information contained on this official report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I also certify that I am one of the persons or holder(s) of the recorder(s) or holder(s) empowered to execute this report as required by the applicable Florida Statutes, and that my name appears in Block 12 of Block 13 of this form or on an attachment thereto.

SIGNATURE:

Luis E. Rechani, Jr.
ATURE AND TYPED OR PRINTED NAME OF BOND OFFICER OR DIRECTOR

4/11/95 (305)561-2554