

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 038 ***158.75

DOCUMENT # P94000021673

1. Entity Name
ONE TO ONE FITNESS INC.



Principal Place of Business

**10180 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 US**

Mailing Address

**10180 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 US**

**5451 University drive suite 101
Coral Springs FL 33067 US**

**5451 University drive suite 101
Coral Springs FL 33067 US**

50042663



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0479931

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAIR, MANUEL
10180 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065**

**Mair, Manuel
5451 University drive
Suite 101
Coral Springs FL 33067**

**DO NOT WRITE
IN THIS SPACE**

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

Manuel Mair
Manuel Mair

4/15/2005
4/15/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAIR, MANUEL F
10180 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065** *New Address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Mair, Manuel F
5451 University drive Suite 101
Coral Springs, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/15/2005
4/15/2005 *(954) 729-7001*
(954) 729-7001