

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90301 012 ***150.00

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03312006 Chg-P CR2E034 (11/05)

DOCUMENT # P94000090249 1. Entity Name EXERCISE FASHION & TRADING CORP.					
Principal Place of Business 777 N.W. 72ND AVE. 2619 MIAMI, FL 33126 US			Mailing Address 777 N.W. 72ND AVE. 2619 MIAMI, FL 33126 US		
2. Principal Place of Business 777 NW 72 AVE			3. Mailing Address SAME		
Suite, Apt. #, etc. 3615			Suite, Apt. #, etc. 		
City & State MIAMI FL			City & State 		
Zip 33126		Country DADE		Zip 	
Country 		4. FEI Number 65-0544224			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required —	
6. Name and Address of Current Registered Agent APONTE, MARTHA 14354 SW 136 COURT MIAMI, FL 33186			7. Name and Address of New Registered Agent Name 		
Street Address (P.O. Box Number is Not Acceptable) 			City 		
State FL			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 _____ (NOTE: Registered Agent signature required when re-registering) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME APONTE, MARTHA		<input type="checkbox"/> Delete		
STREET ADDRESS 14354 SW 136 CT	CITY - ST - ZIP MIAMI, FL 33186		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME APONTE, JUAN CARLOS		<input type="checkbox"/> Delete		
STREET ADDRESS 14354 SW 136 CT	CITY - ST - ZIP MIAMI, FL 33186		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/3/06		
Daytime Phone # 305-266-2047					