

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009701

FILED
Apr 29, 2005
Secretary of State

Entity Name: SOUTH FLORIDA HEALTH AND FITNESS, INC.

Current Principal Place of Business:

1617 S.W. 107 AVE
MIAMI, FL 33165 US

New Principal Place of Business:

1617 SW 107 AVE
MIAMI, FL 33165 US

Current Mailing Address:

1617 S.W. 107 AVE
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-0566063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, LINDA
10545 GROVE LANE
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FERRARA, LINDA
Address: 10545 GROVE LANE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: DVT () Delete
Name: FERRARA, AL
Address: 10545 GROVE LANE
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: DS () Delete
Name: JOHN FINKIN,
Address: 1101 SW 28 TERR-C101
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FERRARA, LINDA
Address: 10545 GROVE LANE
City-St-Zip: COOPER CITY, FL 33328

Title: DVT (X) Change () Addition
Name: FERRARA, AL
Address: 10545 GROVE LANE
City-St-Zip: COOPER CITY, FL 33328

Title: DS (X) Change () Addition
Name: JOHN FINKIN,
Address: 3120 OAKWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA FERRARA

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date