

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009701

FILED  
May 15, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA HEALTH AND FITNESS, INC.

**Current Principal Place of Business:**

1617 SW 107 AVE  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

05/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date