

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000009701

FILED
Apr 29, 2008
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

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: BERKS, RICK
Address: 1201 SW 19TH AVE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: JULIANELLI, ROGER
Address: 21430 ST. ANDREWS GRAND
City-St-Zip: BOCA RATON, FL 33486

I hereby certify that the information supplied with this filing does not qualify 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: ROGER JULIANELLI

DS

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date