2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000018798

1. Entity Name
WEIGH-LESS, INC.

Principal Place of Business	Mailing Address
14096 HUNTINGTON PT. DR. APT 102 DELRAY BEACH, FL 33484	14096 HUNTINGTON PT. DR. APT 102 DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0572365
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHER, RONNIE
13506 CORDOBA LAKE WAY
DELRAY BEACH, FL 33446

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000421186
02/10/06-80024-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SCHER, RONNIE
STREET ADDRESS	13506 CORDOBA LAKE WAY
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	SD
NAME	SABAN, LANA
STREET ADDRESS	14096 HUNSINGTON DR
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	PD
NAME	REIHS, LINDA
STREET ADDRESS	7572 N.W. 84 TER. APT 101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ronnie Scher V.P. 2/3/06 561 638 7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #