## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE:

ss, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # P95000021789** JM EXERCISE EQUIPMENT SERVICES, INC. Principal Place of Business Mailing Address 7700 NW 11TH CT. 7700 NW 11TH CT. PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024 04022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0569588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEJIA, DEBORAH A DO NOT WRITE 7700 N.W. 11TH COURT PEMBROKE PINES, FL 33024 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. D TITLE NAME MEJIA, JESUS STREET ADDRESS 7700 N.W. 11TH COURT U00000312861 /18/05-80102-005 150.00 CITY-ST-ZIP PEMBROKE\_PINES, FL 33024 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 12. I hereby certify that the information supplied