

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90012 036 ***158.75

DOCUMENT # P96000006709

1. Entity Name
THE MIAMI FITNESS CONNECTION, INC.



Principal Place of Business
**9716 NE 5TH AVENUE ROAD
MIAMI SHORES, FL 33138**

Mailing Address
**9716 NE 5TH AVENUE ROAD
MIAMI SHORES, FL 33138**

40016824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0650630

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLAZO & ASSOCIATES, P.A.
1920 E. HALLANDALE BEACH BLVD
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **Jackson and Link, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **One Financial Plaza Suite 211**
100 Southeast Third Avenue
Fort Lauderdale FL 33394

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SASTOQUE, OSCAR**
STREET ADDRESS **9176 NE 5TH AVENUE ROAD**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE **VP** ☐ Delete
NAME **HARDING-SASTOQUE, SUELLEN**
STREET ADDRESS **9716 NE 5TH AVENUE ROAD**
CITY-ST-ZIP **MIAMI SHORES, FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Suellen Sastoque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 (305) 7572288
Date Daytime Phone #