2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 14, 2005 8:00 am Secretary of State DOCUMENT # P96000092231 1. Entity Name 03-14-2005 90090 021 ***150.00 ALWAYS FIT, INC. Principal Place of Business Mailing Address 3325-A EAST 33RD ST FORT LAUDERDALE FL 33308 3325-A EAST 33RD ST FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address idal n. FoperAl Highway 664 N-Feocral highwa Suite, Apt. #, etc. CR2E034 (10/04) City & State Applied For 4. FEI Number 65-0722230 .Lavoeroale t Launennale Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRUTZ, MARTIN A. Street Address (P.O. Box Number is Not Acceptable) 8966 SW 87TH CT SUITE 12A PEARLSA PROFESSIONAL BLDG. **MIAMI FL 33176** Zip Code 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Defete MAGEE, VINCENT NAME NAME 1972 S.E. 17th St. 1360 NE 47THS T STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP Porpano Beech, Pl. 33062 CITY-ST-7IP TITLE Change ☐ Addition Delete TITLE MAGEE, TERI NAME NAME 1972 S.E. 17th St. 1360 NE 47TH STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33334 CITY-ST-ZIP Pompono Beach, A. 33062 CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete - --NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7(P Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED