

2006 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90254 038 ***150.00

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1. Entity Name

ALWAYS FIT, INC.



Principal Place of Business

664 N FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

Mailing Address

664 N FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

2. Principal Place of Business

666 N. Federal highway

Suite, Apt. #, etc.

3. Mailing Address

666 N. Federal highway

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip
33304

Country

City & State

Fort Lauderdale, FL

Zip
33304

Country

4. FEI Number

65-0722230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

DRUTZ, MARTIN A.
8966 SW 87TH CT
SUITE 12A PEARLSA PROFESSIONAL BLDG.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(NOTE: Registered Agent signature required when consulting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MAGEE, VINCENT
STREET ADDRESS 1972 SE 17TH ST
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE S ☐ Delete
NAME MAGEE, TERI
STREET ADDRESS 1972 SE 17TH ST
CITY-ST-ZIP POMPANO BEACH FL 33062

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
NAME
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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 Section 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: *Vincent Magee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06
Date

954-260-9994
Daytime Phone #