

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006333

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** COMPLETE FITNESS OF CORAL GABLES, INC.

**Current Principal Place of Business:**

349 GRECO AVENUE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5115 ORDUNA DRIVE  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 65-0722750

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEON, ROBERT  
5115 ORDUNA DRIVE  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEON, ROBERT  
Address: 5115 ORDUNA DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT LEON

PRES

01/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date