


FILED

Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000068449 (2)		
1. Corporation Name PERFECTLY FIT, INC.		
Principal Place of Business 7575 S.W. 62ND SUITE B MIAMI FL 33143	Mailing Address 7575 S.W. 62ND SUITE B MIAMI FL 33143	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country	
9. Name and Address of Current Registered Agent		
KRAMER, JEFFREY S 7700 NORTH KENDALL DR. SUITE 803 MIAMI FL 33156		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE: _____ (Signature, typed or printed name of registered agent and title of appointment) (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VALDES, YAMILET 7575 S.W. 62ND SUITE B MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VITIELLO, MARCO N 7575 S.W. 62ND SUITE B MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
13.		
	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: _____ Vitiello Sec.		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1997

4. FEI Number
65-0813337

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature, typed or printed name of registered agent and title in applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, YAMILET	1.2 NAME	
STREET ADDRESS	7575 S.W. 62ND SUITE B	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	1.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITIELLO, MARCO N	2.2 NAME	
STREET ADDRESS	7575 S.W. 62ND SUITE B	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone:

0204923

CB2E034 (10/07)