2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084634

City-St-Zip:

MIAMI, FL 33183

v Name: AMERICAN FITNESS LABORATORIES INC

FILED May 01, 2004 Secretary of State

| Entity Nai | Me: AMERIC | AN FITNESS LABORATORIES | SINC. | | |
|---|---|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 8015 S.W. MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 8015 S.W. MIAMI, FL | | | | | |
| FEI Number | : 65-0786179 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| 8015 S.W. MIAMI, FL The above | 33183 US named entity | | ourpose of changing its registered | d office or registered agent, or both, | |
| | e of Florida. | | | | |
| SIGNATU | | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (MAYERS, ELIO 8015 SW 133 MIAMI, FL 33 | СТ | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (IRISH, RONAL 8015 SW 133 MIAMI, FL 33 ⁴ | СТ | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | P (ABBOTT, KEN 8015 SW 133F | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ELICIA MAYERS D 05/01/2004