


FILED
Apr 01, 2005 8:00 am
Secretary of State

66008229

DOCUMENT # P98000038251 1. Entity Name MAXIMUM RESULTS ONCE A WEEK WORKOUT CORP.		 04-01-2005 90132 001 ***150.00 04-01-2005 90132 002 *****8.75	
Principal Place of Business 431 NW 203 AVENUE HOLLYWOOD, FL 33029-3416		Mailing Address 431 NW 203 AVENUE HOLLYWOOD, FL 33029-3416	
2. Principal Place of Business 15951 SW 41 Street Suite, Apt. #, etc. Davie, FL		3. Mailing Address 15951 SW 41 Street Suite, Apt. #, etc. Davie, FL	
Zip 33331		Country USA	
4. FEI Number 65-0832223		Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RON, MAYRA 10525 S.W. 146TH AVE MIAMI, FL 33186		7. Name and Address of New Registered Agent 431 NW 203 Avenue Pembroke Pines, FL 33029	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PT RON, MAYRA 431 NW 203 AVENUE PEBROKE PINES, FL 33024			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ Date: 3-18-05			