
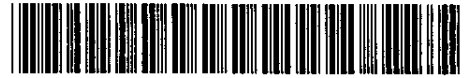


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90004 032 ***150.00

DOCUMENT # P98000049837			
1. Entity Name DORAL LADY FITNESS CENTER, INC.			
Principal Place of Business 9605 NW 41ST ST MIAMI FL 33178		Mailing Address 9500 S DADELAND BLVD. SUITE #705 MIAMI FL 33156	
2. Principal Place of Business		3. Mailing Address 11060 N. KENDALL DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI - FL.	
Zip	Country	Zip	Country
		33176	FL



MOORE CR2E034 (11/03)

4. FEI Number 65-0845616		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, LESLEY ANN 9500 S DADELAND BLVD STE #705 MIAMI FL 33156		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable) 9500 S DADELAND BLVD STE #705		Street Address (P.O. Box Number is Not Acceptable) 11060 N. KENDALL DR.	
City MIAMI		City MIAMI	Zip Code 33176

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, LESLEY A 9500 S DADELAND BLVD, STE 705 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11060 N. KENDALL DR. MIAMI-FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, MARTHA 9500 S DADELAND BLVD, STE 705 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11060 N. KENDALL DR. MIAMI-FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, AMADO 9500 S DADELAND BLVD. #705 MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11060 N. KENDALL DR. MIAMI-FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **3/5/04** (305) 670-9750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #