
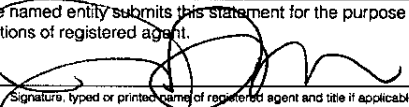



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90029 046 \*\*\*150.00

<b>DOCUMENT # P98000050708</b> 1. Entity Name <b>PHOENIX HEALTH &amp; FITNESS, INC.</b>					
Principal Place of Business <b>5233 NW 33RD AVE FT LAUDERDALE, FL 33309</b>			Mailing Address <b>5233 NW 33RD AVE FT LAUDERDALE, FL 33309</b>		
2. Principal Place of Business <b>5219 NW 33RD AVE</b>		3. Mailing Address <b>5219 NW 33RD AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>		4. FEI Number <b>65-0851248</b>	
Zip <b>33309</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33309</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HUYCK, DENNIS 5233 NW 33RD AVE FORT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>JEFF SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>5219 NW 33RD AVE</b> City <b>FORT LAUDERDALE FL</b> Zip Code <b>33309</b>		
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: <b>1.30.04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WANG, LEAD NO. 1 LANE 233 CHARNG LONG ROAD TAIPING CITY, TAICHUNG HSIEN, 411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUYCK, DENNIS 5233 NW 33RD AVE FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WANG, JEFF 9115 DICE ROAD #12 SANTA FE SPRINGS, CA 90670		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	
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: <b>2-20-04</b> Daytime Phone #: <b>562-903-1332</b>		