2003 FOR PROFIT CORPORATION

May 08, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000050708 DOCUMENT # 05-08-2003 90167 016 ***150.00 PHOENIX HEALTH & FITNESS, INC. Principal Place of Business Mailing Address 5219 NW 33RD AVENUE 5219 NW 33RD AVENUE FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 5233 NW 38RD AVE. 5233 NW 33KD AVE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-085/248 T. LAUDERDALE LAUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 33309 333*09* USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUYCK DENNIS SCHNEIDER, LAZ L Street Address (P.O. Box Number is Not Acceptable) 5233 NW 33KP AVE 350 E. LAS OLAS BLVD **SUITE 1000** FT LAUDERDALE FL 33301 FORT LAUDERDALE 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 F陸E NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE Addition WANG, LEAD NAME NAME NO. 1 LANE 233 CHARNG LONG ROAD STREET ADDRESS STREET ADDRESS TAIPING CITY, TAICHUNG HSIEN 411 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUYCK, DENNIS NAME 5233 NW 33RD AVE. 5219 NW 33RD AVE-STREET ADDRESS STREET ADDRES CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WANG, JEFF NAME STREET ADDRESS 9115 DICE ROAD #12 STREET ADDRESS SANTA FE SPRINGS CA 90670 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

☐ Change

☐ Addition