FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800057376

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GET fit FOR Life, Inc.

Principal Place of Business

555 N.E. 34 th St # 404

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miami, F1.33137			3. Date Incorporated or Utrainled
	The Late Asset and		Applied for
Z. Philippart lace of Education	Mailing Address 80115.W	47 HP6	65-084025 Not Applicat
21 8011 5.W. 94 ct. 26	Suite, Apt. #, etc	<u>. 17 U.</u>	\$8.75 Additional
Suite. Apt. #, etc	Suite, Apr. #, etc		5. Certificate of Status Desired Fee Required
27	O.L. R Crato		6. Election Campaign Financing \$5.00 May Be
City & State	City & State Miomi F	·1. 53173	
23 Miam, +1. 28		Country	8. This corporation owes or has paid the current year Intangible
Z _I p Country	Zip 30		Personal Property Tax due June 30. LI Yes LI NO
24 33173 25 USA 29 9. Name and Address of Current Regis	<u> </u>	<u> </u>	10. Name and Address of New Registered Agent
9. Name and Address of Current Regis	stereo Agent	81 Name 7	Frantas Andre L
T. 1 0-1	•	82 Street A	ddress (P.O. Box Number is Not Acceptable)
Fuentes, Andre		52 Street	7901 5. W. 36 +7 1EMCC
1901 S.W. 36th	emore	83	
			1 85 Zip Code
Miam, Fr. 32	455	84 City	
(0) 100 007 0502 and 6	507 1508 Florida Statutes.	the above-named o	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
11. Pursuant to the provisions of Sections 607,0302 and office or registered agent, or both, in the State of Flori	da. Such change was auth	norized by the corpo	corporation submits this statement for the purpose of changing to registered pration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Flori agent. I am familiar with, and accept the obligations of	of, Section 607.0505, Florid	a Statutes.	5/5/00
SIGNATURE SIGNATURE	(NOTE, R	egistered Agent signature r	equired when reinstating) DATE
Signature typed or printed name of registrated agont and an		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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CITY-ST-ZIP			that the informa
CHISTOTICAL CONTRACTOR OF THE	Alien doop not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certily that the informa

14. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If further certify that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an indicated on this annual report 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 office 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 office or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in office or director of the corporation of the receiver of

305.298.1939 5/15/00

PDC Accounting Services, Inc.

12856 S.W. 64th Lane ♦ Miami, FL. 33983JUL 17 PH 3: 24

Phone 305.408.4104 ♦ Fax 305.408.4104 ♦ Pager 305.833-9696F STATE

SECRETARY

FALL AHASSEE, FLORIDA

Division of Corporation Uniform Business Report Filing P.O. Box 1500 Tallahassee, FL. 32302-1500

Re: Get Fit For Life, Inc Document: #P98000057376

To Whom It May Concern:

I am the Accountant for the above clients. The reason for this letter is to request waiver of any late fee or penalties.

Unfortunately, my clients began his business in the wrong foot. Along to hiring an ex-accountant that became very ill and unable to follow up with Get Fit for life licenses and Tax return on a timely matter. They never received the 2000 Uniform Business Report.

Not until I began to review there accounting and follow up in the corporation business matter that I realized they had not paid or report the renewal.

So along to this letter is a check for \$150.00 and a blank form with all my clients information and changes that should follow.

I would greatly appreciate any help in assisting my request to the matter.

Sincerely

Account