2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2004 8:00 am Secretary of State

DOCUMENT # P98000067001 1. Entity Name EUROPEAN FITNESS ADDICTION INC.										(004 900:	30 038 ***		
Principal Place of Business 2747 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 US				2747	Address E. OAKLAND PA UDERDALE, FL		US	,	. 	L			03521	3 	
2. Principal Place of Business					ng Address	<u> </u>									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					03022004	. CI	ng-P	CR2E	E034 (10/03)		_
City & State				City 8	State	,	644		4. FEI Numb 65-085		ا دامنستان		<u> </u>	pplied For of Applicable	-
Zip	Zip Country			Zip			itry		5. Certificate	of Statu	ıs Desired		\$8.75 Add Fee Require		
	6. Name	and Address	of Current Re	gistered	l Agent		Name		7. Name and	Addre	ss of New	Registere	d Agent		1
LARDY, PASCAL 810 N E 60 STREET								ress (P	O. Box Numb	er is No	t Acceptab	le)			-
FT. LAUDERDALE, FL 33334															1
							City				· · · · · · · · · · · · · · · · · · ·	F	Zip Cod	e	
	named entity ions of regist	ered agent.	7	tille if applic	se of changing it	ed office or report of the office or report of the office or report of the office of t	-	Preside	oth, in the	State of F	lorida. I ar	m familiar with,	and accept		
					. Election Camp								٠		-
		FEE IS \$15 4 Fee will b		4	Trust Fund Cor	-			00 May Be ed to Fees						
10.	227	. OFFI	CERS AND D	RECTOR		11.			ADDITIONS	/CHANG	GES TO OF	FICERS A	ND DIRECTOR		1
TITLE NAME* STREET ADDRESS CITY-ST-ZIP	ì	ASCAL STREET ERDALE, FL	33334		☐ Delete		1					7	☐ Change	Addition	
TITLE	TT, EAGE	ENDALL, I L	J0004		☐ Delete	TITL	E					<u>/</u>	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	_	· 	. =	-			ET ADDRESS					= -		· -	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14 14				☐ Delete	1			/				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		•			☐ Delete		1						Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-				□ Delete				/				☐ Change	Addition .	
NAME STREET ADDRESS CITY-ST-ZIP					□ Delete	CITY	EET ADDRESS '-ST-ZIP		·				☐ Change	Addition	
12. I hereby of indicated of the corchanged.	certify that the on this reporporation or the or on an atta	e information so rt or supplement he receiver or to achment with a	upplied with the ntal report is tr rustee empow n address, wi	nis filing to rue and a refed to all other	loes not qualify for accurate and that accute this report or like empowered	or the exe my signa rt as requ d.	emption stated ture shall have ired by Chapte	I in Sec e the s er 607,	ction 119.07(3) ame legal effe Florida Statuti	(i), Florid ct as if r es; and	da Statutes nade unde that my na	i. I further o r oath; that me appear	certify that the i I am an officer is in Block 10 o	nformation . or director r Block 11 if	