
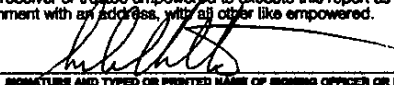


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 033 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000068902		
1. Entity Name SHAPE UP FITNESS WEAR, INC.		
Principal Place of Business 14420 NW 11 ST PEMBROKE PINES, FL 33028		Mailing Address 14420 NW 11 ST PEMBROKE PINES, FL 33028 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WALBORN, VERA 14420 NW 11TH STREET PEMBROKE PINES, FL 33028		(P98000068902P) 04282006 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0855053 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PSP	
NAME	WALBORN, VERA	
STREET ADDRESS	14420 NW 11TH STREET	
CITY-STATE-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VPD	
NAME	RATTON, CARLOS A	
STREET ADDRESS	14420 NW 11TH STREET	
CITY-STATE-ZIP	PEMBROKE PINES, FL 33028	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/28/06 (954) 432-7442 <small>Date Daytime Phone #</small>