

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

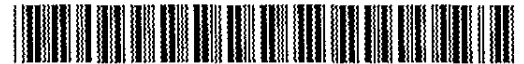
DOCUMENT # P98000071551

1. Entity Name  
FITNESS WAREHOUSE OF TAMPA, INC.



Principal Place of Business  
14847 N DALE MABRY HWY  
TAMPA, FL 33618

Mailing Address  
14847 N DALE MABRY HWY  
TAMPA, FL 33618



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0858404

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GRUVMAN, EDUARDO  
C/O NUTRITION S'MART  
14847 N DALE MABRY HWY  
TAMPA, FL 33618

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000122280  
04/21/04-80021-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GRUVMAN, EDUARDO D  
STREET ADDRESS C/O NUTRITION S'MART 12594 PINES BLVD  
CITY- ST- ZIP PEMBROKE PINES, FL 33027

TITLE  
NAME  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: *x Eduardo Gruvman V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 3/22/04 813-908-9500*

Date

Daytime Phone #