FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #P98000100664 2005 AMENDED

FILED
05 NOV -9 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

LADY FITNESS CENTER, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
159 Weston Rd.	P.O. Box 266110
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33326 Country: USA	Zip: 333126 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884252 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Alfredo G. Duran

Street Address (P.O. Box Number is Not Acceptable): 2601 So. Bayshore Dr., S 1400

City: Miami FL Zip Code 33133

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.

SIGNATURE [signature] Alfredo G. Duran 9/7/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres/Dir	TITLE	
NAME	Ana Lucia SPinelli	NAME	
STREET ADDRESS	P.O. Box 266110	STREET ADDRESS	
CITY-ST-ZIP	Weston , Florida 33326	CITY-ST-ZIP	
TITLE	Sec/Dir	TITLE	
NAME	Marco SPinelli	NAME	700061799597
STREET ADDRESS	SAME	STREET ADDRESS	11/30/05--01052--001 **61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] ANA LUCIA SPINELLI PRES 9/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #