

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 025 ***150.00

DOCUMENT # P98000100664 1. Entity Name LADY FITNESS CENTER, CORP.					
Principal Place of Business 2601 SO. BAYSHORE DR., S1400 MIAMI, FL 33133			Mailing Address P O BOX 266110 WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 2340 So. Dixie Highway			3. Mailing Address P.O. BOX 49345		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FLORIDA		City & State CHARLOTTE, No. CAROLINA		4. FEI Number 65-0884252	
Zip 33133		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 28277		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 SO. BAYSHORE DR., S1400 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable) 2340 So. DIXIE HIGHWAY 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPINELLI, ANA L P O BOX 266110 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES - DIR SPINELLI, ANA L 10203 ALVARADO WAY CHARLOTTE, No. CAROLINA 28277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SPINELLI, MARCO P O BOX 266110 WESTON, FL 33326	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC - DIR SPINELLI, MARCO 10203 ALVARADO WAY CHARLOTTE, No. CAROLINA 28277	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			SECRETARY / DIR MARCO SPINELLI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/11/08 (305) 859-2696		