

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100664

FILED
Apr 21, 2009
Secretary of State

Entity Name: LADY FITNESS CENTER, CORP.

Current Principal Place of Business:

2340 SOUTH DIXIE HIGHWAY
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 49345
CHARLOTTE, NC 28277 US

New Mailing Address:

FEI Number: 65-0884252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, ALFREDO G
2340 SOUTH DIXIE HIGHWAY
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPINELLI, ANA L
Address: 10203 ALVARADO WAY
City-St-Zip: CHARLOTTE, NC 28277

Title: SD () Delete
Name: SPINELLI, MARCO
Address: 10203 ALVARADO WAY
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPINELLI, ANA L
Address: P.O. BOX 49345
City-St-Zip: CHARLOTTE, NC 28277

Title: SD (X) Change () Addition
Name: SPINELLI, MARCO
Address: P.O. BOX 49345
City-St-Zip: CHARLOTTE, NC 28277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCO SPINELLI

SD

04/21/2009

Electronic Signature of Signing Officer or Director

Date