



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000019367</b>		
1. Entity Name F.I.T. ENTERPRISES, INC.		
Principal Place of Business 1104 RIVER BIRCH ST. HOLLYWOOD, FL 33019		Mailing Address 1104 RIVER BIRCH ST. HOLLYWOOD, FL 33019
<b>DO NOT WRITE IN THIS SPACE</b>		
		
08102005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0905964		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
SELIGSOHN, JO-RONNIE 1104 RIVER BIRCH ST. HOLLYWOOD, FL 33019		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIGSOHN, JO-RONNIE 1104 RIVER BIRCH ST. HOLLYWOOD, FL 33019	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELIGSOHN, PERRY 1104 RIVER BIRCH ST. HOLLYWOOD, FL 33019	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: <u>Jo-Ronnie Seligsohn</u> <u>JO-RONNIE Seligsohn</u> <u>8/10/05</u> <u>978-925-2177</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		