

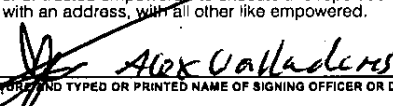


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000026443		
1. Entity Name ADVANCED FITNESS CONSULTING, INC.		
Principal Place of Business 8575 NW 186 STREET HIALEAH, FL 33015		Mailing Address 13300 SW 128 ST MIAMI, FL 33186 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALEXANDER, VALLADARES 13300 SW 128TH ST MIAMI, FL 33186		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:  Alex Valladares		DATE: 04/28/08
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLADARES, ALEXANDER F 13300 SW 128 ST MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEDEROS, ANGEL 13300 SW 128 ST MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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:  Alex Valladares		DATE: 04/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0905313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000933205
05/22/08-80087-002 150.00

**DO NOT WRITE
IN THIS SPACE**