

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000087066

1. Entity Name

MR. & MISS FITNESS AMERICA CORP.



Principal Place of Business

7021 SW 23 STREET
MIAMI FL 33155

Mailing Address

7021 SW 23 STREET
MIAMI FL 33155



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0999347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDAUER, JACK
3403 SW 82ND AVE
SUITE 104N
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

JACK LANDAUER

Street Address (P.O. Box Number is Not Acceptable)

3403 SW 82ND AVENUE #104

City

MIAMI

FL

Zip Code
33143

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LANDAUER, JACK A
STREET ADDRESS 3403 SW 82ND AVE SUITE 104N
CITY- ST- ZIP MIAMI FL 33143

TITLE SD ☐ Delete
NAME ROMERO, OSCAR
STREET ADDRESS 4050 NW 135 ST, BLDG 11, APT 12
CITY- ST- ZIP MIAMI FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

305 987 0879