## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2007 08:00 A Secretary of State

ANNUAL REPURI				Apr 07, 2007 00			
1. Entity Nam	MENT # S60257 GYM, INC.					Secreta	ry of S
1200 W. INDIANTOWN RD 1200 W. I JUPITER, FL 33458 #1		Mailing Address 1200 W. INDIANTOWN RD #1 JUPITER, FL 33458					<b>310</b> ((10) (1 10)
DO NOT WRITE IN THIS SPACE			CE	04042007 No Chg-P CR2E034 (11/05)  4. FEI Number			
AMERO, E 1200 W. IN JUPITER,	DANIEL J. NDIANTOWN RD	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	I ed office or register	red agent, or both	n, in the State of Flo	rida. I am familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	ittle if applicable (NOTE: Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE	1				U000 04/17/0	100694854 17-80038-00	3 150.0
NAME STREET ADDRESS - CITY-ST-ZIP	AMERO, DANIEL J. 1200 W. INDIANTOWN RD JUPITER, FL 33458			•	·		
NAME STREET ADDRESS CITY-S1-ZIP TITLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP				IIV i	nio or	MUE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·						
TITLE NAME STREET ADDRESS		$\overline{}$					. ,

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 purple like empowered.

SIGNATURE:

CITY-ST-ZIP

STANTURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day Provide