

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V27204

1. Entity Name
 THE FITNESS CLOSET II, INC.



Principal Place of Business
 1561-1/2 SUNSET DRIVE
 CORAL GABLES, FL 33143-5878

Mailing Address
 1561-1/2 SUNSET DRIVE
 CORAL GABLES, FL 33143-5878



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0326105 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROTATI, CLAUDIO A.
 1561-1/2 SUNSET DRIVE
 CORAL GABLES, FL 33143-5870

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | D |
| NAME | ROTATI, MERCEDES |
| STREET ADDRESS | 4795 N. KENDALL DRIVE |
| CITY - ST - ZIP | MIAMI, FL |
| TITLE | D |
| NAME | ROTATI, CLAUDIO A. |
| STREET ADDRESS | 4795 N. KENDALL DRIVE |
| CITY - ST - ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 04/29/04-80085-005 150.00

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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: Mercedes Rotati 4-27-04 305-069-3202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #