

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000066556

Entity Name: DYNAMITE FITNESS INC.**Current Principal Place of Business:**9110 SABAL PALM CIR.
WINDERMERE, FL 34786**Current Mailing Address:**9110 SABAL PALM CIR.
WINDERMERE, FL 34786 US**FEI Number:** 82-2434846**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBY, TIFFANY N
9110 SABAL PALM CIR.
WINDERMERE, FL 34786 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|----------------------|
| Title | P, D |
| Name | ROBY, TIFFANY N |
| Address | 9110 SABAL PALM CIR. |
| City-State-Zip: | WINDERMERE FL 34786 |

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|-----------------|----------------------|
| Title | S, T |
| Name | ROBY, RYAN |
| Address | 9110 SABAL PALM CIR. |
| City-State-Zip: | WINDERMERE FL 34786 |

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|-----------------|----------------------|
| Title | D |
| Name | ROBY, RYAN |
| Address | 9110 SABAL PALM CIR. |
| City-State-Zip: | WINDERMERE FL 34786 |

| | |
|-----------------|----------------------|
| Title | D |
| Name | THETARD, STACIA |
| Address | 9110 SABAL PALM CIR. |
| City-State-Zip: | WINDERMERE FL 34786 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIFFANY NOELLE ROBY

OWNDER

04/06/2022

Electronic Signature of Signing Officer/Director Detail_____
Date