2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075506

BODIES IN MOTION PTA SERVICES, INC.



Principal Place of Business

11061 SW 63 TERR MIAMI, FL 33173

Mailing Address

11061 SW 63 TERR MIAMI, FL 33173

FILED Feb 14, 2006 08:00 AM Secretary of State



01242006 DO NOT WRITE IN THIS SPACE

	FEI Number	Applied For
	22-3858257	 Not Applicabl

5. Certificate of Status Desired

No Chg-P

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent	 	
STRADA, MARIA L 1061 SW 63 TERR	DO NO	
MAMI, FL 33173	IN TH	

ESTRADA, MARIA L 11061 SW 63 TERR MIAMI, FL 33173			DO NOT WRITE IN THIS SPACE		
the obligati	named entity submits this statement for the pons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agont and title	il applicable [NOTE Registered	d Agent signature required when reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	clng 🖂	\$5.00 May Be Added to Fees	U90000436519 02/28/06-80605-007 150.00
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DESTRADA, MARIA L 11061 SW 63 TERR MIAMI, FL 33173				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DO NOT WRITE IN THIS SPACE		
STREET ADDRESS CITY S1 - ZIP TITLE NAME					

12. I hereby certify that the information supplied with this filling 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 charged, or on an attactiment with an addition, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

NTED NAME OF SIGHING OFFICER OR DIRECTOR