


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-05-2008 90027 025 \*\*\*150.00  
P07000113779

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


<b>DOCUMENT # P07000113779</b> 1. Entity Name BODY DETAILS CORPORATE OFFICE, INC.	
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Principal Place of Business 3309 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US	Mailing Address 3309 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01182008 Chg-P CR2E034 (12/06)

4. FEI Number <span style="font-size: 1.5em; font-family: cursive;">26-1240082</span>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  SORRENTINO, CLAUDIO V 5510 PACIFIC BLVD. #118 BOCA RATON, FL 33433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P SORRENTINO, CLAUDIO V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5510 PACIFIC BLVD. #118			NAME			
STREET ADDRESS	BOCA RATON, FL 33433			STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	VP BALLEJO, BRYAN	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3691 TURTLE RUN BLVD. #437			NAME			
STREET ADDRESS	CORAL SPRINGS, FL 33067			STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	T KORNFELD, RUBEN	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	607 GLASMERE ROAD			NAME			
STREET ADDRESS	MAHWAH, NJ 07430			STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	S SORRENTINO, NANDO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3180 S OCEAN DRIVE #1009			NAME			
STREET ADDRESS	HALLANDALE, FL 33009			STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

207/23