

2004 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P98000043842 1. Entity Name BODY PRODUCTS INC.						FILED 04 OCT 18 AM 11:43 REINSTATEMENT REINSTATEMENT 04	
Principal Place of Business 11000 N.W. 32ND AVENUE MIAMI, FL 33167				Mailing Address 11000 N.W. 32ND AVENUE MIAMI, FL 33167			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SALAMA, ALBERTO M T 3804 SW 53RD CT HOLLYWOOD, FL 33312				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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 _____							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAMA, ELIAS M T 3804 SW 53RD CT HOLLYWOOD, FL 33312 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041937672 10/18/04--01059--008 **158.75 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENSABAT, JOSEPH 3801 NE 207 ST. # 801 AVENTURA, FL 33180 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALAMA, SAMUEL M T 19111 COLLINS AVE #904 AVENTURA, FL 33160 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAMA, ALBERTO M T 401 HOLIDAY DR. HALLANDALE, FL 33009 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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, without other like empowered.							
SIGNATURE:				10/13/04 305 953 78 02.			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

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BODY PRODUCTS INC.

11000 NW 32 AVE MIAMI FL 33167. PHONE: (305) 953-7802. FAX: (305) 341-3217

October 11, 2004

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Ref: 2004 Annual Report for Document Number P98000043842

Attached you will find our **2004 Annual Report** to be filed, together with our check in the amount of **\$158.75**, to cover the filing fees.

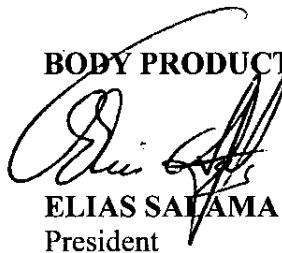
We apologize for the delay in filing, due to the case that we didn't receive the notification for renewal as usual, on the beginning of the year. _____

Your kind attention will be highly appreciated.

Many thanks,

Sincerely,

BODY PRODUCTS INC.



ELIAS SALAMA
President