2004 FOR PROFIT CORPORATION REINSTATEMENT

P5182

DOCUMENT # P98000043842

1. Entity Name
BODY PRODUCTS INC.

FILED
04 OCT 18 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

10072004 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
11000 N.W. 32ND AVENUE MIAMI, FL 33167	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

4. FEI Number 65-0843133 ☐ Applied For ☐ Not Applicable

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

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

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 HOLLWOOD, FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200041937670 ☐ Change ☐ Addition 10/18/04--01059--003 **158.75
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, with all 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 #

P5272

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