



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90042 039 \*\*\*150.00

<b>DOCUMENT # P01000116577</b> 1. Entity Name <b>SENR BODY SHOP, CORP.</b>					
Principal Place of Business <b>4800 EAST 10TH LANE HIALEAH, FL 33013</b>			Mailing Address <b>4800 EAST 10TH LANE HIALEAH, FL 33013</b>		
2. Principal Place of Business - No P.O. Box # <b>4295 E 10TH LN</b>		3. Mailing Address <b>3200 SW 91 Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hialeah FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>65-1158097</b>	
Zip <b>33013</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33013</b>		Country <b>DADE</b>		6. Name and Address of Current Registered Agent <b>SOLER, ENRIQUE 4800 EAST 10TH LANE HIALEAH, FL 33013</b>	
Zip <b>33013</b>		Country <b>DADE</b>		7. Name and Address of New Registered Agent Name <b>SOLER Enrique</b> Street Address (P.O. Box Number is Not Acceptable) <b>3200 SW 91 Ave</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33165</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b> </div> <div> <input type="checkbox"/> Election Campaign Financing            Trust Fund Contribution.         </div> <div> <b>\$5.00</b> May Be            Added to Fees         </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLER, ENRIQUE 4800 EAST 10TH LANE HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLER Enrique 3200 SW 91 Ave Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMENTERO, EVARISTO 4800 EAST 10TH LANE HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Armentero Evaristo 3200 SW 91 Ave Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLER, VILMA R 4800 EAST 10TH LANE HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLER Vilma R 3200 SW 91 Ave Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: X</b> 			<b>2/13/07</b> <small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					