

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F64126					
1. Entity Name LA VICTORIA BODYSHOP INC.					
Principal Place of Business %CARLOS FERNANDEZ 10701 NW 7TH AVE MIAMI FL 33168			Mailing Address %CARLOS FERNANDEZ 10701 NW 7TH AVE MIAMI FL 33168		
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 59-2166768	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, CARLOS 10701 NW 7TH AVE MIAMI FL				7. Name and Address of New Registered Agent 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 reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	FERNANDEZ, CARLOS		NAME		
STREET ADDRESS	16548 NW 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	FERNANDEZ, SYLVIA		NAME		
STREET ADDRESS	16548 NW 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33028		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2166768**

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

FERNANDEZ, CARLOS
10701 NW 7TH AVE
MIAMI FL

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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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 Section 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 TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06

Date

Daytime Phone #