


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F64126</b>	
<b>1. Entity Name</b> LA VICTORIA BODYSHOP INC.	

<b>Principal Place of Business</b> %CARLOS FERNANDEZ 10701 NW 7TH AVE MIAMI FL 33168	<b>Mailing Address</b> %CARLOS FERNANDEZ 10701 NW 7TH AVE MIAMI FL 33168
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<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

<b>4. FEI Number</b> 59-2166768		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FERNANDEZ, CARLOS 10701 NW 7TH AVE MIAMI FL		<b>7. Name and Address of New Registered Agent</b>  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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> 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	
<b>TITLE</b> PD <input type="checkbox"/> Delete	<b>NAME</b> FERNANDEZ, CARLOS	<b>TITLE</b> 000000940598 05/28/08-80074-004 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 16548 NW 5TH STREET	<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33028	<b>NAME</b>	
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>NAME</b>	

**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:**  **CARLOS A. FERNANDEZ** 4/25/08 305-756-5233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR