2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # G73342

1. Entity Name

BODY BEAUTIFUL, INC.

Principal Place of Business	Mailing Address
% GLENN R. HOPTA 12913 SW 134TH CT MIAMI FL 33186	% GLENN R. HOPTA 12913 SW 134TH CT MIAMI FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	2nd MOORE CR2E034 (4/07)
City & State	City & State	4. FEI Number 59-2339147 / Applied For / Not Applicable
Zip Country	Zip Country	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
HOPTA, GLENN R. 12913 SW 134TH CT MIAMI FL 33186	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 _GLENN R. HOPTA_

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE 7-18-7

FILE NOW!!! FEE IS $550.00 DUE BY September 5, 2007. Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HOPTA, GLENN R		NAME	U00000769730		
STREET ADDRESS	12913 SW 134TH CT		STREET ADDRESS	07/20/07-80002-009 150.00		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP			
TITLE	ST	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	HOPTA, GLENN R.		NAME			
STREET ADDRESS	12913 SW 134TH CT		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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 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.

SIGNATURE: _GLENN R. HOPTA_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-18-7

Daytime Phone # 305-255-8335