


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

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| DOCUMENT # J46626 1. Entity Name AIRPORT BODY SHOP INC. |  |
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| Principal Place of Business 6216 W. HILLSBOROUGH AVE TAMPA, FL 33634-5080 | Mailing Address 6216 W. HILLSBOROUGH AVE TAMPA, FL 33634-5080 |
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04282006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-2229430 Applied For Not Applicable

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

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| 6. Name and Address of Current Registered Agent MUNOZ, GUILLERMO 6210 W. HILLSBOROUGH AVE. TAMPA, FL |
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**DO NOT WRITE
IN THIS SPACE**

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  GUILLERMO MUNOZ X, 4.7.06
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MUNOZ, GUILLERMO 6216 W. HILLSBOROUGH AVE. TAMPA, FL |
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05/20/06-80129-002 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  GUILLERMO MUNOZ X, 28.06 813.88685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #