
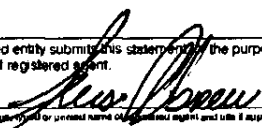

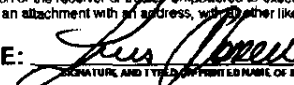


10090077

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # M12610</b>					
1. Entity Name <b>ABREU'S BODY SHOP INC.</b>					
Principal Place of Business 2552 W. 3RD AVENUE HIALEAH, FL 33010			Mailing Address 290 W 28 ST. HIALEAH, FL 33010		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>58-2505699</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ABREU, LUIS L 2552 W. 3RD STREET HIALEAH, FL 33010			Name <b>Abreu Luis L.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>531 W 33 PL</b>		
			City <b>Hialeah</b>		
			State <b>FL</b>		
Zip Code <b>33012</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 			DATE <b>4/24/03</b>		
<small>Signature must be printed name of registered agent and state if applicable.</small>			<small>NOTE: Registered Agent signature required when witnessed.</small>		
			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	POTS	<input checked="" type="checkbox"/> Delete		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
NAME	ABREU, LUIS L			TITLE	POTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	290 W 28 ST.			NAME	ABREU LUIS L
CITY-STATE-ZIP	HIALEAH, FL			STREET ADDRESS	531 W 33 PL
				CITY-STATE-ZIP	HIALEAH, FL, 33012
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-STATE-ZIP				CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 or without other like empowered.					
SIGNATURE: 			DATE <b>4/24/03</b>		
<small>SIGNATURE, AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>			<small>Area Phone #</small> <b>305-887-4185</b>		

OFFICE04 (1/01/02)