


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90084 009 ***150.00

DOCUMENT # P00000006078					
1. Entity Name DELRAY BODYWERKS, INC.					
Principal Place of Business 246 NE 6TH AVE DELRAY BEACH, FL 33483			Mailing Address 246 NE 6TH AVE DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address 6023 LELAC RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Boca Raton, FL		4. FEI Number 65-0450034	
Zip		Country 33496		Country Palm Beach	
6. Name and Address of Current Registered Agent TAMONNOY, BRIAN C 2200 N FEDERAL HWY #228 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETENS, ERIC 246 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PETENS, ERIC 246 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PETENS, ERIC 246 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PETENS, ERIC 246 NE 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					