

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90046 045 \*\*\*150.00

<b>DOCUMENT # P00000006078</b> 1. Entity Name <b>DELRAY BODYWERKS, INC.</b>			
Principal Place of Business <b>246 NE 6TH AVE DELRAY BEACH, FL 33483</b>		Mailing Address <b>6023 LELAC RD BOCA RATON, FL 33496</b>	
2. Principal Place of Business <b>5981 Funston St</b> Suite, Apt. #, etc. <b>B1</b>		3. Mailing Address <b>5981 Funston St</b> Suite, Apt. #, etc. <b>B1</b>	
City & State <b>Hollywood FL</b>		City & State <b>Hollywood, FL</b>	
Zip <b>33023</b>		Zip <b>33023</b>	
Country 		Country 	
4. FEI Number <b>65-0450034</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 <b>TAMONOV, BRIAN C 2200 N FEDERAL HWY #228 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>PETENS, ERIC</b> STREET ADDRESS <b>6023 LE LAC ROAD</b> CITY-ST-ZIP <b>BOYNTON BEACH, FL 33436</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b> NAME <b>JOSEPH J. AVINO</b> STREET ADDRESS <b>5981 Funston St. #81</b> CITY-ST-ZIP <b>Hollywood, FL 33023</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>V.P.</b> NAME <b>CORNEIL WELDS</b> STREET ADDRESS <b>5981 Funston St. #B1</b> CITY-ST-ZIP <b>Hollywood, FL 33023</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>2/3/05</b> Daytime Phone #: <b>954-961-1998</b>	