FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90228 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069418

1. Entity Name
BODY INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
16741 NW 18TH STREET PEMBROKE PINES, FL 33028	269 N UNIVESITY DRIVE STE L PEMBROKE PINES, FL 33024

2. Principal Place of Business	3. Mailing Address
	16741 NW 18th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. P
City & State	City & State Pembroke Pines FL
Zip / Country	Zip 33028 / Country U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1026319 — Applied For / Not Applicable

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
MEJIAS, ISABEL 269 N UNIVESITY DR STE L PEMBROKE PINES, FL 33024	Name Ruben Briceño Street Address (P.O. Box Number is Not Acceptable) 16741 NW 18 ST City Pembroke Pines FL Zip Code 33028

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 Ruben Briceño — 5/1/2003
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, $400 fee will be added Make Check Payable to Florida Department of State

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	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRICENO, RUBEN		NAME		
STREET ADDRESS	16741 NW 18TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	SC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRICEÑO, RUBEN		NAME		
STREET ADDRESS	16741 NW 18TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		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		
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		

CR2E034 (10/02)

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: Ruben Briceño — 5/1/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #