

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90015 010 \*\*\*150.00

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01142004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000033410</b> 1. Entity Name <b>BODY &amp; SOUL INCORPORATED</b>					
Principal Place of Business 6550 GRIFFIN ROAD 102 DAVIE, FL 33314			Mailing Address 2151 SW 51 CT FT-LAUDERDALE, FL 33312		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>21055 SE 6 ST</b> <del>21055 SE 6 ST</del> <b>POMERANO N/A</b> City & State <b>POMERANO BEACH, FL</b>			
City & State		City & State <b>POMERANO BEACH, FL</b>		4. FEI Number <b>65-1086201</b>	
Zip <b>33062</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PERRON, JOSEE</b> <b>2151 SW 51 CT</b> <b>FT-LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name <b>PERRON, JOSEE</b> Street Address (P.O. Box Number is Not Acceptable) <b>21055 SE 6 ST</b> <b>POMERANO BEACH</b> City <b>FL</b> Zip Code <b>33062</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:					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRON, JOSEE 2151 SW 51 CT FT-LAUDERDALE, FL 33312		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <b>JOSEE PERRON</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>1/20/04</b> Daytime Phone # <b>954-316-8888</b>					