

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000035838

1. Entity Name
ELDYS' BODY SHOP, INC.



Principal Place of Business
9500 NW 79 AVE
BAY 14-15
HIALEAH GARDENS, FL 33016

Mailing Address
9500 NW 79 AVE
BAY 14-15
HIALEAH GARDENS, FL 33016



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1147074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FABIAN, ELDYS M
320 WEST PARK DRIVE
APT. 203
MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000035110
03/24/04-00013-013 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FABIAN, ELDYS M
320 WEST PARK DRIVE APT. 203
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ALVAREZ, ARIADNA
320 WEST PARK DRIVE APT. 203
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CUESTA, JOSE A
526 E 32 STREET
HIALEAH, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CUESTA, JOSE A JR
526 E 32 STREET
HIALEAH, FL 33013

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/04 X 305 828 0080