2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 25, 2007 08:00 AM DOCUMENT # P01000055447 **Secretary of State** 1. Entity Namo BODIES BY REBEL, INC. Principal Place of Business Mailing Address 5660 RODMAN ST 5660 RODMAN ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt # etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 65-1102528 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURROUGHS, NOYES Street Address (P.O. Box Number is Not Acceptable) 3871 SW 54ST **DANIA FL 33312** 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 \_ Signature, typed or printed name of registered agent and title capplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9, Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition HILE 11111 Delete BURROUGHS, NOYES NAM NALIF U00000604260 3871 SW 54 ST SIRIE LADDRESS SIDEFT ADDRESS 01/29/07-80046-014 150.00 DANIA FL 33312 CITY ST ZIP CHY SE ZIP Change Addition mit ☐ Delete 11111 MAM NAMS SIRH LADDITSS SIDEFT ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Changē Addition ☐ Defele TITLE IIII MAM NAME STREET ADDRESS SIRFFT ADDRESS CHY-S1-78P tary St zap Change Addition Delete TITLE mu MANS SINULI ADDRESS STREET ADDRESS CHY SI 782 CITY ST ZIP ☐ Addition Change Delete HHE Ш NAME MARKE STREET ADDRESS SITTET ADDRESS CITY SI-ZIP CITY - ST - ZIP Change Addition ☐ Delete TITLE DILE NAME MARK SIREET ADDRESS STILLET ADDRESS CHY-ST-ZIP CDY - S1-782

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 and the like empowered.

**FILED**