

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066265

Entity Name: MY BODY SENSES, INC.

FILED
Apr 27, 2004
Secretary of State

Current Principal Place of Business:

P.O.BOX 43-1098
S MIAMI, FL 332431098

New Principal Place of Business:

PO BOX 43-1098
SOUTH MIAMI, FL 332431098

Current Mailing Address:

P.O.BOX 43-1098
S MIAMI, FL 332431098

New Mailing Address:

PO BOX 43-1098
SOUTH MIAMI, FL 332431098

FEI Number: 65-1137588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, BENJAMIN
5900 SW 73 ST #106
S MIAMI, FL 33143 US

Name and Address of New Registered Agent:

ORTIZ, BENJAMIN
11201 SW 114 LANE CIRCLE
MIAMI, FL 33176 US

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORTIZ, BENJAMIN
Address: 5900 SW 73 ST #106
City-St-Zip: S MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ORTIZ, BENJAMIN
Address: 11201 SW 114 LANE CIRCLE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN ORTIZ

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date