

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/20/2005-90027-004-S150.00-S150.00

DOCUMENT # P01000090670
 1. Entity Name
MC BODY SHOP, INC.



FILED
 05 OCT 14 PM 4:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 3580 NW 52 ST 7342 W 29TH WAY
 MIAMI FL 33142 HIALEAH FL 33018

2. Principal Place of Business 3. Mailing Address
3580 NW 52 ST *7342 W 29TH WAY*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
MIAMI *MIAMI*

4. FEI Number Applied For
04-3602474 Not Applicable

Zip Country Zip Country
33142 *MIAMI DADE* *33142* *M-DADE*

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

6. Name and Address of Current Registered Agent
CAFFI, MANUEL
7342 W 29TH WAY
HIALEAH FL 33018

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
N/A
 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CAFFI, MANUEL	7342 W 29TH WAY	HIALEAH FL 33018	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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: *[Signature]* **MANUEL CAFFI** 06/15/05 305-633-3221
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



This letter was
lost that is the reason
for been late.

Please tell what I have to
do for reopen my Corporation
I Need.

I open this Corp. under my
home address, and now we
have Business Address: 3580 NW 52 St
MIAMI FL 33142