

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/20/2005-90027-004-\$150.00-\$150.00

FILED

05 OCT 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P01000090670			
1. Entity Name MC BODY SHOP, INC.			
Principal Place of Business 3580 NW 52 ST MIAMI FL 33142		Mailing Address 7342 W 29TH WAY HIALEAH FL 33018	
2. Principal Place of Business 3580 NW 52 ST		3. Mailing Address 3580 NW 52 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State MIAMI	
Zip 33142	Country MIAMI DADE	Zip 33142	Country MIAMI DADE
4. FEI Number 04-3602474		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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) 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____			
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAFFI, MANUEL 7342 W 29TH WAY HIALEAH FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____		MANUEL CAFFI 06/15/05 305-633 3221	
SIGNATURE-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