

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000116577

1. Entity Name
SENIOR BODY SHOP, CORP.



Principal Place of Business
**4800 EAST 10TH LANE
HIALEAH, FL 33013**

Mailing Address
**4800 EAST 10TH LANE
HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1158097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOLER, ENRIQUE
4800 EAST 10TH LANE
HIALEAH, FL 33013**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000456722
03/16/06-80042-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLER, ENRIQUE
STREET ADDRESS	4800 EAST 10TH LANE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	D
NAME	ARMENTERO, EVARISTO
STREET ADDRESS	4800 EAST 10TH LANE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	S
NAME	SOLER, VILMA R
STREET ADDRESS	4800 EAST 10TH LANE
CITY-ST-ZIP	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 exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 - 2 - 06

Date

Daytime Phone #