

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 039 ***150.00

DOCUMENT # P01000116577 1. Entity Name SENR BODY SHOP, CORP.					
Principal Place of Business 4800 EAST 10TH LANE HIALEAH, FL 33013			Mailing Address 4800 EAST 10TH LANE HIALEAH, FL 33013		
2. Principal Place of Business - No P.O. Box # 4295 E 10TH LN		3. Mailing Address 3200 SW 91 Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hialeah FL		City & State Miami FL		4. FEI Number 65-1158097	
Zip 33013		Country DADE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33013		Country DADE		6. Name and Address of Current Registered Agent SOLER, ENRIQUE 4800 EAST 10TH LANE HIALEAH, FL 33013	
Name SOLER Enrique		7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3200 SW 91 Ave			
City Miami		FL		Zip Code 33165	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 ☐ Election Campaign Financing Trust Fund Contribution. \$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 SOLER, ENRIQUE 4800 EAST 10TH LANE HIALEAH, FL 33013	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLER Enrique 3200 SW 91 Ave Miami FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMENTERO, EVARISTO 4800 EAST 10TH LANE HIALEAH, FL 33013	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Armentero Evaristo 3200 SW 91 Ave Miami FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLER, VILMA R 4800 EAST 10TH LANE HIALEAH, FL 33013	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLER Vilma R 3200 SW 91 Ave Miami FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: X 			Date 2/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					