

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90298 015 ***150.00

DOCUMENT # P02000039595

1. Entity Name
TECHNIQUE BODYBUILDING, INC.



Principal Place of Business
**9445 FONTAINBLEAU BLVD
202
MIAMI, FL 33172**

Mailing Address
**9445 FONTAINBLEAU BLVD
202
MIAMI, FL 33172**

00046162



2. Principal Place of Business
3411 INDIAN CREEK DR.

Suite, Apt. #, etc.
APT 704

City & State
MIAMI BEACH, FL

Zip
33140

Country
U.S.A.

3. Mailing Address
3411 INDIAN CREEK DR.

Suite, Apt. #, etc.
APT 704

City & State
MIAMI BEACH, FL

Zip
33140

Country
U.S.A.

02232006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3640058

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROZZA, MAURO
9445 FONTAINBLEAU BLVD
202
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3411 INDIAN CREEK DR. APT. 704

MIAMI BEACH

City

FL

Zip Code

33140

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

Mauro Rozza

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/06

**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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROZZA, MAURO**
STREET ADDRESS **9445 FONTAINBLEAU BLVD**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3411 INDIAN CREEK DR. APT 704**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mauro Rozza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/06

Date

7865536117

Daytime Phone #