

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000057938

1. Entity Name

BODY KINETICS OF FLORIDA, INC.



**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90320 042 ***150.00

Principal Place of Business
2040 NE 49TH ST
FORT LAUDERDALE FL 33308

Mailing Address
2040 NE 49TH ST
FORT LAUDERDALE FL 33308

2. Principal Place of Business

2151 E Commercial Blvd, 2151 E Commercial Blvd
Suite, Apt. #, etc.
STE 305

3. Mailing Address

Suite, Apt. #, etc.
STE 305

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

Zip

33308

Country
USA

Zip

33308

Country
USA

4. FEI Number

75-3061170

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORTEMORE, PAMELA
2040 NE 49TH ST
FORT LAUDERDALE FL 33308

Name
Mortemore, Pamela

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

2151 E. Commercial Blvd.
STE 305

City Ft. Lauderdale FL Zip Code 33308

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. 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	PD MORTEMORE, PAMELA 5214 SW 90 TERR COOPER CITY FL 33328	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 954-958-9262

Date

Daytime Phone #