
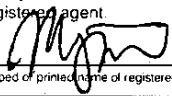
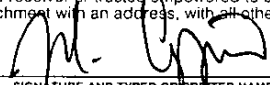


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90178 029 \*\*\*150.00

<b>DOCUMENT # P02000079436</b> 1. Entity Name <b>BODY CAFE II, INC.</b>					
Principal Place of Business <b>1606 NE MIAMI GARDENS DRIVE MIAMI GARDENS, FL 33179</b>			Mailing Address <b>1606 NE MIAMI GARDENS DRIVE MIAMI GARDENS, FL 33179</b>		
2. Principal Place of Business - No P.O. Box # <b>101 S.F. Lauderdale Bch Blvd</b> Suite, Apt. #, etc. <b>Apt 1902</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33316</b>		3. Mailing Address <b>101 S.F. Lauderdale Bch Blvd</b> Suite, Apt. #, etc. <b>Apt 1902</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33316</b>		02132007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>82-0055954</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>CORAGGIO, MICHAEL 1606 NE MIAMI GARDENS DRIVE MIAMI GARDENS, FL 33179</b>	
7. Name and Address of New Registered Agent Name <b>Coraggio, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 S.F. Lauderdale Bch Blvd</b> Apt <b>Apt 1902</b> City <b>Ft. Lauderdale</b> FL    Zip Code <b>33316</b>				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  DATE <b>4/17/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P    CORAGGIO, MICHAEL <input type="checkbox"/> Delete <b>1606 NE MIAMI GARDENS DRIVE MIAMI GARDENS, FL 33179</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Pres Coraggio, Michael 101 S.F. Lauderdale Bch Blvd # 1902 Ft. Lauderdale, FL 33316</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE 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: 				Date <b>4/17/07</b> Daytime Phone #	