

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90044 003 \*\*\*150.00

DOCUMENT # P02000079436

1. Entity Name  
BODY CAFE II, INC.



Principal Place of Business  
1606 NE MIAMI GARDENS DRIVE  
MIAMI GARDENS, FL 33179

Mailing Address  
1606 NE MIAMI GARDENS DRIVE  
MIAMI GARDENS, FL 33179



2. Principal Place of Business - No P.O. Box #  
101 S Ft. Lauderdale Bch Blvd

3. Mailing Address  
101 S Ft. Lauderdale Bch Blvd

Suite, Apt. #, etc.  
Apt 1902

Suite, Apt. #, etc.  
Apt 1902

02132007 Chg-P CR2E034 (12/06)

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

4. FEI Number  
82-0055954

Applied For  
Not Applicable

Zip  
33316

Country  
USA

Zip  
33316

Country  
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORAGGIO, MICHAEL  
1606 NE MIAMI GARDENS DRIVE  
MIAMI GARDENS, FL 33179

Name  
Coraggio, Michael  
Address (P.O. Box Number is Not Acceptable)  
101 S Ft. Lauderdale Bch Blvd  
Apt 1902  
City  
Ft. Lauderdale FL Zip Code  
33316

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, 2007 Fee will be \$550.00**

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  
P  
CORAGGIO, MICHAEL  
1606 NE MIAMI GARDENS DRIVE  
MIAMI GARDENS, FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Pres  
Coraggio, Michael  
101 S Ft. Lauderdale Bch Blvd #1902  
Ft. Lauderdale, FL 33316 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Michael Coraggio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08  
Date

Daytime Phone #