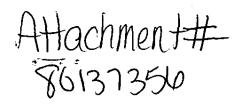
FOR PROFIT CORPORATION . UNIFORM BUSINESS REPORT (UBR)

FILED Aug 08, 2003 8:00 am Secretary of State

UNIFORM BUSINESS	REPORT (UBR)	Secretary of State
DOCUMENT # P02000110990 (2) 1. Enlity Name 08-08-2003 90099 001 ***150.00		
BODY SHURS UM19	ED INK	
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 3,1	Vailing Address	
HOEMULANCE AUE.	DE ALMIK M Suite, ADI #, cic.	DO NOT WRITE IN THIS SPACE
THEIR SEAT RE TO	FULLY BERK FR	4. FEI Number 82-0568593 Applied For Not Applicable
33444 Country U/ 3	53 444 Country US	5. Certificate of Status Desired
	Name	Aluel Olan Management Alexandress of Current Registered Agent
DO NOT WRI	TE Street A	ddresa(P.O. Box Munber is Not-Acceptable)
IN THIS SPACE		DUDGERS 2ND STHET
114 11110 01710	City	7 / 1 / 2010
O The share a good with mid-prin this statement for the	//	r registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	nithosp or crianging its registered onice of	rregistered agent, or both, in the State of Florida. Fam fairmal with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and lifte : January 1 - May 1 Fee is \$150.00	applicable (NOTE: Registoric Apent signal	ure required when reinstading) DATE
After May 1, Fee is \$550.00 Amended UBR is \$61.25	<u>د</u>	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECT		
TITLE PD	TITLE	[
NAME STREET ADDRESS (110) TAT TO THE STREET ADDRESS (110) TAT TO THE STREET ADDRESS (110) TAT THE STREE	HADU STREET ADDRESS	
CITY-ST-ZIP DELEN ILENET N 3	3444 CITY-ST-ZIP	
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NAME STREET ADDRESS	STREET ADDRESS	1
CHY-SI-ZIP	CITY-ST-ZIP	
NAME	TITLE	
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TITLE NAME	TITLE	IN THIS SPACE
STREET ADDRESS	STREET ADDRESS	
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NAME.	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY_ST-ZIP	
THLE	. TITLE	
NAME STREET ADDRESS	NAME Street address	
CHY-ST ZIP	, -CITY-ST-ZIP	
12. Thereby certify that the information supplied with this filling 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 eath; 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 on an attachment with an Endress, with all other like empowered.		
SIGNATURE: JUNE TOWN TADDO MEDICAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAILY DAYS Phone &		
, 1		Doyale From F



110 E. Atlantic Ave., Ste. 220 Delray Beach, FL 33444

July 22nd, 2003

Florida Secretary of State

P. O. Box 6327

Tallahassee FL 32314

RE: Body Shots Limited, Inc.

To Whom It May Concern:

Enclosed you will find the 2003 Uniform Business Report for the above named corporation and a check payable to the Secretary of State for \$150.00.

The above named corporation never received the first or second notices to file the Uniform Business Report for 2003, because the corporation was forced to move on very short notice on or about December 1st, 2002. Please accept the enclosed check as full payment for the Uniform Business Report for the current year and do not charge the (\$400) late payment penalty due to the above circumstances.

Sincerely,

John Taddeo President

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