

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90041 027 \*\*\*150.00

**DOCUMENT # P02000134579**

1. Entity Name  
**BODY FLEX, INC.**



Principal Place of Business  
**7504 WILES ROAD  
2ND FLOOR  
POMPANO BEACH, FL 33067**

Mailing Address  
**371 NW 113TH AVE  
CORAL SPRINGS, FL 33071**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005

Chg-P

CR2E034 (10/03)

City & State

**Coral Springs**

City & State

4. FEI Number

**41-2073632**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROSENTHAL, ALAN CPA  
3300 UNIVERSITY DR, STE 305  
CORAL SPRINGS, FL 33065**

Name

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

City

**FL**

Zip Code

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**

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  
GAMACHE, RICHARD A  
371 NW 113TH AVE  
CORAL SPRINGS, FL 33071** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
GAMACHE, KIRSTEN L  
371 NW 113TH AVE  
CORAL SPRINGS, FL 33071** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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: *Richard A. Gamache*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05  
Date

954 326-8018  
Daytime Phone #

**ATTACHMENT # P02000134579**

**Form 940-EZ**

**Employer's Annual Federal  
Unemployment (FUTA) Tax Return**

**20005824**

OMB No. 1545-1110

**2004**

Department of the Treasury  
Internal Revenue Service

▶ See the separate instructions for Form 940-EZ for information on completing this form.

**You must  
complete  
this section.**

Name (as distinguished from trade name)

BODY FLEX INC.

Trade name, if any

Address (number and street), City, state, and ZIP code

371 N.W. 113TH AVENUE.

CORAL SPRINGS, FL 33071

Calendar year

Employer ID number (EIN)

41-2073632

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Answer the questions under **Who May Use Form 940-EZ** on page 2. If you cannot use Form 940-EZ, you must use Form 940.

**A** Enter the amount of contributions paid to your state unemployment fund (see the separate instructions) ▶ \$ 172.80

**B** (1) Enter the name of the state where you have to pay contributions ▶ FL

(2) Enter your state reporting number as shown on your state unemployment tax return ▶ 2545715

If you will not have to file returns in the future, check here (see Who Must File in separate instructions) and complete and sign the return. ▶ ☐

If this is an Amended Return, check here (see Amended Returns) ▶ ☐

**Part I Taxable Wages and FUTA Tax**

1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1	6,400.00
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.)	2	0.00
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see the separate instructions)	3	0.00
4	Add lines 2 and 3	4	0.00
5	Total taxable wages (subtract line 4 from line 1)	5	6,400.00
6	FUTA tax. Multiply the wages on line 5 by .008 and enter here. (If the result is over \$100, also complete Part II.)	6	51.20
7	Total FUTA tax deposited for the year, including any overpayment applied from a prior year	7	25.60
8	Balance due (subtract line 7 from line 6). Pay to the "United States Treasury." If you owe more than \$100, see <b>Depositing FUTA tax</b> in the separate instructions.	8	25.60
9	Overpayment (subtract line 6 from line 7). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded	9	0.00

**Part II Record of Quarterly Federal Unemployment Tax Liability** (Do not include state liability.) Complete only if line 6 is over \$100.

Quarter	First (Jan. 1 - Mar. 31)	Second (Apr. 1 - June 30)	Third (July 1 - Sept. 30)	Fourth (Oct. 1 - Dec. 31)	Total for year
Liability for quarter					

**Third-Party Designee**

Do you want to allow another person to discuss this return with the IRS (see the separate instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature ▶ *Robert L. Smith* Title (Owner, etc.) ▶ *President* Date ▶ 1/15/05