2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET AD	DOCUMENT # P0300002774 1. Entity Name COMMERCE LANE BODY SHOP, INC.						02-28-2007	90002 025 ***1	50.00
Suite, Apl. 8, etc. Suite, Apl. 8, etc. City & State City & State City & State City & State County Zip Zip Zip Zip Zip Zip Zip Zi	5884 COMMERCE LANE		5884 COMMERCE LANE		L,,	4	0025476		
City & State A, El Number: 33-1037549 Ascentification of Status Desired \$8.75 Action Acti	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address						
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Andedonal Fan Required 6. Name and Address of Current Registered Agand 7. Name and Address of New Registered Agand 7. Name and Addre	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0221200	7 Chg-P	CR2E034 (12/0	6)	
Secretificate of Status Desired Secr	City & State		City & State			t t			
Name DAMA SUDJALC Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Coun	try			\$8.75	Additional
SITERT ADDRESS OTTY-ST-2P TITE Charge Debte De		6. Name and Address of Curren	t Registered Agent]	7. Name a	nd Address of New	Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pagieteresygent. SIGNATURE Experimental for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pagieteresygent. SIGNATURE Experimental for a service of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pagieteresygent. SIGNATURE Experimental for a service of pagieteresygent. SIGNATURE Experimental for a service of pagieteres agent, or both, in the State of Florida. I am familiar with, and accept the the obligations of pagieteresygent. SIGNATURE Experimental for a service of page the page to page the page the page to page the page the page to page the page the page the page to page the page	18160 S.W. 143 CT				Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity aubmits 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 acceptine obligations of Lagierteric Systems. SIGNATURE SIGNATURE					City			منسد (ode / 2
SIGNATURE Souther Mode of Former control agent of ground agent	A. The above	named entity submits this statement f	or the numose of changing it	s register	ed office or re	nistered agent or	hoth, in the State of F	1 . 2.	3/43
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PO GONZALEZ, MANUEL STREET ADDRESS STYP COMMERCE LN. SOUTH MIAMI, FL 33143 TILE MAKE STREET ADDRESS CITY-ST-2P TILE	the obligat	ions of registered agent.				2			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADORESS CITY-ST-ZIP			NAM Str Cit	ME IET ADDRESS Y-ST-ZIP				

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oam; that I am an officer or diffector of the corporation or the receiver or trustee empowered to execute his 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 AND TH PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date