

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 026 ***150.00

DOCUMENT # P03000029536

1. Entity Name

BODY & THERAPY CARE, INC.



Principal Place of Business

**8933 NW 121ST TERRACE
HIALEAH GARDENS FL 33018**

Mailing Address

**8933 NW 121ST TERRACE
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

5854 W 20 Ave

Suite, Apt. #, etc.

3. Mailing Address

5854 W 20 Ave

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

03-051015

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, RAMIRO J
145 MADEIRA AVE STE 315
CORAL GABLES NS FL 33134**

7. Name and Address of New Registered Agent

Name **Julio Cesar Espinosa**

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

5854 W 20 Avenue

City **Hialeah**

FL

Zip Code **33016**

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]

Julio Cesar Espinosa

[Signature]

2/18/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ESPINOSA, JULIO CESAR D**
STREET ADDRESS **5854 WEST 20 AVENUE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Cesar Espinosa President

Date

2/18/04

Daytime Phone #

786-621-5474