


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000029536</b>	
1. Entity Name BODY & THERAPY CARE, INC.	

Principal Place of Business 5854 W 20 AVE. HIALEAH, FL 33016	Mailing Address 5854 W 20 AVE. HIALEAH, FL 33016
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05272005 No Chg-P CR2E034 (10/03)


**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0511015	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ESPINOSA, JULIO CESAR 5854 W 20 AVE. HIALEAH, FL 33016
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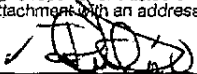
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <u>Julio Cesar Espinosa</u>	DATE <u>5/27/05</u>
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ESPINOSA, JULIO CESAR D 5854 WEST 20 AVENUE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <u>Julio Cesar Espinosa</u>	DATE <u>5/27/05</u> (780)-621-5474
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	