

**2004 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

04 MAY 26 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000112857		1. Entity Name THE BODY RX, INC.	
Principal Place of Business 4501 N. OCEAN BLVD., #1 BOCA RATON, FL 33431		Mailing Address 4501 N. OCEAN BLVD., #1 BOCA RATON, FL 33431	
2. Principal Place of Business 4655 NINTH ST N. Suite, Apt. #, etc.		3. Mailing Address 4655 NINTH ST N Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
4. FEI Number 16-1687438		Applied For Not Applicable	
Zip 34103		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POCES, DAVID K 4501 N. OCEAN BLVD., #1 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name PETER J ROBERTS Street Address (P.O. Box Number is Not Acceptable) 4655 NINTH ST N City NAPLES FL Zip Code 34103	
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		PETER J ROBERTS (PRESIDENT) 5/11/04	
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D POCES, DAVID K 4501 N. OCEAN BLVD., #1 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, PRESIDENT ROBERTS, PETER J 4655 NINTH ST. N. NAPLES FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500037761715 06/08/04--01031--005 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		PETER J ROBERTS 5/11/04 (239) 2617530	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	