2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/9/

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-09-2004 90064 022 ***150.00

DOCUMENT # P03000147335

1. Entity Name
AMERICAN BODY ART INC.

Principal Place of Business	Mailing Address
2016 S ATLANTIC AVE DAYTONA BEACH FL 32118	2016 S ATLANTIC AVE DAYTONA BEACH FL 32118

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
2008 S ATLANTIC AVE	2008 S ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH SHORES FL	City & State: DAYTONA BEACH SHORES, FL
Zip 32118 Country USA	Zip 32118 Country USA

4. FEI Number 20-0463418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHOBEIRA, CHARLES
2016 S ATLANTIC AVE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name CHARLES GHOBEIRA
Street Address (P.O. Box Number is Not Acceptable)
2008 S ATLANTIC AVE
City DAYTONA BEACH SHORES FL Zip Code 32118

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 CHARLES GHOBEIRA [signature] 02/24/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	GHOBEIRA, CHARLES	NAME	GHOBEIRA CHARLES
STREET ADDRESS	2016 S ATLANTIC AVE	STREET ADDRESS	2008 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118
TITLE	D ☐ Delete	TITLE	SECRETARY ☐ Change ☐ Addition
NAME	GHOUBAIRA, PAUL	NAME	GHOUBAIRA, PAUL
STREET ADDRESS	2016 S ATLANTIC AVE	STREET ADDRESS	2008 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH FL 32118	CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] 02/24/04 386 255 2112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #