

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 030 ***150.00

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02132007 Chg-P CR2E034 (12/06)

4. FEI Number 73-1698634 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name Coraggio, Michael
Box Number is Not Applicable
Apt 1902
City Ft. Lauderdale FL Zip Code 33316

DOCUMENT # P04000046725

1. Entity Name
BODY CAFE III, INC.



Principal Place of Business
1606 NE MIAMI GARDENS DRIVE
MIAMI GARDENS, FL 33179

Mailing Address
1606 NE MIAMI GARDENS DRIVE
MIAMI GARDENS, FL 33179

2. Principal Place of Business - No P.O. Box #
101 S. Ft. Lauderdale Bch Blvd

3. Mailing Address
101 S. Ft. Lauderdale Bch Blvd

Suite, Apt. #, etc.
Apt 1902

Suite, Apt. #, etc.
Apt 1902

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33316

Country
USA

Zip
33316

Country
USA

6. Name and Address of Current Registered Agent

CORAGGIO, MICHAEL
1606 NE MIAMI GARDENS DRIVE
MIAMI GARDENS, FL 33179

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME CORAGGIO, MICHAEL
STREET ADDRESS 1606 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI GARDENS, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres
NAME Coraggio Michael
STREET ADDRESS 101 S. Ft. Lauderdale Bch Blvd #1902
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/07