

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90017 028 ***158.75

DOCUMENT # P04000128768

1. Entity Name

BODY TRIMMER, INC.



Principal Place of Business

3231 REGAL CREST DR.
LONGWOOD FL 32779

Mailing Address

3231 REGAL CREST DR.
LONGWOOD FL 32779



2. Principal Place of Business

13191 Stalkey Rd
Suite, Apt. #, etc.
3

3. Mailing Address

13191 Stalkey Rd
Suite, Apt. #, etc.
3

City & State

Largo, FL

City & State

Largo, FL

4. FEI Number

30-1662435

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

VIRJI, NAUSHAD
3231 REGAL CREST DR.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Ayaz Virji

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

10222 Thurston Graves Blvd

City

Seminole

FL

Zip Code

33278

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

(Ayaz Virji, MD) President

DATE

1/30/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 D ☒ Delete
NAME VIRJI, NAUSHAD
STREET ADDRESS 3231 REGAL CREST D
CITY-ST-ZIP LONGWOOD FL 32779

TITLE P ☐ Delete
NAME AVAT, VIRJI
STREET ADDRESS 2621 CORQAD RESEIVE CIRCLE
CITY-ST-ZIP CLEARWATER FL 33759

TITLE CEO ☐ Delete
NAME AZAD, VIRJI
STREET ADDRESS VILLA 7115 ST 3 MEADOWS 1
CITY-ST-ZIP EMIRATES HILL DUBAIVAC

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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

1/30/06

Date

727-507-8400

Daytime Phone #