

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90072 049 \*\*\*150.00

<b>DOCUMENT # P04000131549</b>					
<b>1. Entity Name</b> THE BEST BODY AND PAINT, CORP.					
<b>Principal Place of Business</b> 1026 S. 50TH ST. TAMPA, FL 33619			<b>Mailing Address</b> 1026 S. 50TH ST. TAMPA, FL 33619		
<b>2. Principal Place of Business</b> 1914 W Columbus DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1315 MOHRLAKE DR Suite, Apt. #, etc.			
<b>City &amp; State</b> TAMPA FL		<b>City &amp; State</b> BRANDON		<b>4. FEI Number</b> 20-1667170	
<b>Zip</b> 33609		<b>Country</b> Hillsborough		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VIEYTO, MANUEL 1315 MOHRLAKE DR. BRANDON, FL 33511			<b>7. Name and Address of New Registered Agent</b> Name: DANIEL ROTHENBERG Street Address (P.O. Box Number is Not Acceptable): 1408 W Yukon St City: TAMPA FL Zip Code: 33604		
<b>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.</b> SIGNATURE:  DANIEL ROTHENBERG DATE: 4-4-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIEYTO, MANUEL 1315 MOHRLAKE DR. BRANDON, FL 33511	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		Date: 4-4-05 Daytime Phone #: 813-394-4917			