

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 021 ***150.00

DOCUMENT # P04000148163

1. Entity Name

BODY SPA II PRODUCTS INC



Principal Place of Business

3127 W HALLANDALE BEACH BLVD #104
PEMBROKE PARK FL 33009

Mailing Address

P.O. BOX 398522
MIAMI FL 33239



2. Principal Place of Business

3127 W Hallandale Bch

Suite, Apt. #, etc.

Blvd # 104

City & State

Pembroke Park - FL

Zip

33009

Country

USA

3. Mailing Address

P.O Box 398522

Suite, Apt. #, etc.

City & State

Miami Bch - FL

Zip

33239

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

AP-PLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELINI, CHRIS
888 BRICKELL KEY DR
#605
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 (used to print name of registered agent and title if applicable)

Chris Angelini (P)

(NOTE: Registered Agent signature required when reinstating)

April 3/06

DATE

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 P ☐ Delete
NAME ANGELINI, CHRIS
STREET ADDRESS 3127 W HALLANDALE BEACH BLVD #104
CITY-ST-ZIP PEMBROKE PARK FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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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

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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

Chris Angelini (P)

April 3/06

305-383-6300

Date

Daytime Phone #