## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # P05000028545  1. Entity Name BODY BALANCE, INC.						03-08-2006	90165 03	32 ***15	0.00
Principal Place of Business Mailing Address				·	i -				
14900 S.W.		14900 S.W. 43 STREET							
MIAMI, FL 33185 US MIAMI, FL 33185 US			JS						
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2. Principal F	Place of Business	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc. Si		D 2 A 3 1 1 1	Suite, Apt. #, etc.		, , , , , , , , , , , , , , , , , , , ,				,,
Suite, Apt.	#, eic.	Suite, Apr. #, etc.		03042006	Chg-P	CR2E03	4 (11/05)		
City & Stat	te	City & State		····	4. FEI Number	2010/3		<u> </u>	plied For
Zip Country		Zip Country		to.	20-2	392963			t Applicable
Zip	Country Zip Cou		Cour	шу	5. Certificate of	Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent			l	7. Name and Address of New Registered Agent					
		Name LILIANIA ILLESCAS							
LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST.									
SUITE 675		14900	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33130 😽 🐣									
•				City MIA	241		FL	Zip Code	25
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 * TIMES = 2/28/04									
Signature: Mad controlled name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	PRES	Delete	TITLE	I				Change	☐ Addition
NAME STREET ADDRESS	ILLESCAS, LILIANA 14900 S.W. 43 STREET		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33185		4	-ST-ZIP					j
TITLE	SECR	☐ Delete	TITLE	:		<del></del>		Change	Addition
NAME	ILLESCAS, RAMIRO J		NAM	E					
STREET ADDRESS	14900 S.W. 43 STREET			ET ADDRESS					}
CITY-ST-ZIP	MIAMI, FL 33185			-ST-ZIP					
TITLE NAME		☐ Delete	TITLE	_ 1				☐ Change	Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	4				Change	☐ Addition
NAME STREET ADDRESS			NAM	E Et address					}
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAMI					_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					ļ
TITLE		□ Delete	TITLE					☐ Change	Addition
NAME		LI Delete	NAMI	ı			'		
STREET ADDRESS			STRE	et address					
CITY-ST-ZIP				-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.									