


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P05000028545  
 1. Entity Name  
 BODY BALANCE, INC.



Principal Place of Business 14900 S.W. 43 STREET MIAMI, FL 33185 US	Mailing Address 14900 S.W. 43 STREET MIAMI, FL 33185 US
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**DO NOT WRITE IN THIS SPACE**



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2392963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ILLESCAS, LILIANA  
 14900 SW 43 STREET  
 MIAMI, FL 33185

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ILLESCAS, LILIANA 14900 S.W. 43 STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR ILLESCAS, RAMIRO J 14900 S.W. 43 STREET MIAMI, FL 33185
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/02/08-30081-012 150.00

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:   **3-11-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_