

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90041 044 \*\*\*150.00

<b>DOCUMENT # P05000063666</b> 1. Entity Name <b>BODY BY YVONNE, INC.</b>			
Principal Place of Business <b>2801 NORTHEAST 183RD STREET SUITE 1501 AVENTURA, FL 33160</b>		Mailing Address <b>2801 NORTHEAST 183RD STREET SUITE 1501 AVENTURA, FL 33160</b>	
2. Principal Place of Business - No P.O. Box # <b>20533 BISCAYNE BLVD</b>		3. Mailing Address <b>20533 BISCAYNE BLVD</b>	
Suite, Apt. #, etc. <b>826</b>		Suite, Apt. #, etc. <b>826</b>	
City & State <b>AVENTURA FL</b>		City & State <b>AVENTURA FL</b>	
Zip <b>33180</b>		Zip <b>33180</b>	
Country 		Country 	
4. FEI Number <b>06-1746385</b>		Applied For <input type="checkbox"/> 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  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>20533 BISCAYNE BLVD</b> <b>STE 826</b> City <b>AVENTURA</b> <b>FL</b> Zip Code <b>33180</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. SIGNATURE <u><i>Yvonne Levy</i></u> <b>Yvonne Levy - Vice President</b> DATE <b>04/07/07</b> <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, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, GEORGE 2801 NORTHWEST 183RD STREET AVENTURA, FL 33160	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEVY, YVONNE 2801 NORTHWEST 183RD STREET AVENTURA, FL 33160	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Yvonne Levy</i></u> <b>Yvonne Levy - Vice President</b>		DATE: <b>04/07/07</b> DAYTIME PHONE: <b>305-502-6336</b>	