

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000125147

1. Entity Name
BODY DETAILS, INC.



Principal Place of Business
3309 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

Mailing Address
3309 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

FILED
Aug 11, 2008 08:00 AM
Secretary of State



07242008 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1680113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLUTSTEIN, GEORGE J
4700 B SHERIDAN ST
HOLLYWOOD, FL 33021

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

000000957454
08/11/08-80001-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOO
BALLEJO, BRYAN
3691 TURTLE RUN BLVD #437
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD
BALLEJO, BRYAN
3691 TURTLE RUN BLVD #437
CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
SORRENTINO, CLAUDIO V
5510 PACIFIC BLVD. #118
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SORRENTINO, NANDO
3180 S. OCEAN DRIVE #1009
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/08

Date

954 729-4773

Daytime Phone #