

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000066906

1. Entity Name
HOPE NADA WHOLE BODY SCULPTING INC.



Principal Place of Business

672 106TH AVE. N.
NAPLES, FL 34108

Mailing Address

672 106TH AVE. N.
NAPLES, FL 34108



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0252610

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

RADENKOVIC, NADEZDA
1460 GOLDEN GATE PKWY - STE 102
NAPLES, FL 34105

**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 *Nadezda Radenkovic*

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

(NOTE: Registered Agent signature required when reinstating)

4/21/2008
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

U00000816525
05/13/08-80004-009 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RADENKOVIC, NADEZDA**
STREET ADDRESS **1460 GOLDEN GATE PKWY - STE 102**
CITY-ST-ZIP **NAPLES, FL 34105**

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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: *Nadezda Radenkovic* **NADEZDA RADENKOVIC 4-21-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #