

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 020 ***150.00

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1. Entity Name
BODY DETAILS - FT. LAUDERDALE, 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**

40058333



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5988615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BALLEJO, BRYAN
3691 TURTLE RUN BLVD #437
CORAL SPRINGS, FL 33067**

**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
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	T KORNFELD, RUBEN 607 GASMERE ROAD MAHWAH, NJ 07430
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	D 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

**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

Date _____ Daytime Phone # _____