2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90027 020 ***150.00

DOCUMENT # P06000145406

1. Entity Name
BODY DETAILS - PALM BEACH GARDENS, INC.

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

DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5988655
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T
NAME	KORNFELD, RUBEN
STREET ADDRESS	607 GASMERE ROAD
CITY-ST-ZIP	MAHWAH, NJ 07430
TITLE	VCOO
NAME	BALLEJO, BRYAN
STREET ADDRESS	3691 TURTLE RUN BLVD #437
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	AD
NAME	BALLEJO, BRYAN
STREET ADDRESS	3691 TURTLE RUN BLVD #437
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	PCEO
NAME	SORRENTINO, CLAUDIO V
STREET ADDRESS	5510 PACIFIC BLVD. #118
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	SORRENTINO, CLAUDIO V
STREET ADDRESS	5510 PACIFIC BLVD #118
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	SORRENTINO, NANDO
STREET ADDRESS	3180 S. OCEAN DRIVE #1009
CITY-ST-ZIP	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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #