

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 3309 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 3309 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
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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.

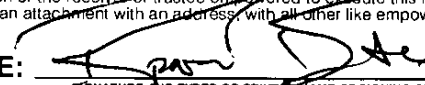
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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 # _____