

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2008 90027 026 \*\*\*150.00

**DOCUMENT # P06000145418**

1. Entity Name

**BODY DETAILS - AVENTURA, 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**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5988560**

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 \_\_\_\_\_

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	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
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
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

Date

Daytime Phone #