


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90157 017 \*\*\*150.00

<b>DOCUMENT # P06000148180</b>	
1. Entity Name <b>BOD COACH, INC.</b>	

Principal Place of Business <b>218 VIA D'ESTE APT. 1311 DELRAY BEACH, FL 33445</b>	Mailing Address <b>218 VIA D'ESTE APT. 1311 DELRAY BEACH, FL 33445</b>
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2. Principal Place of Business - No P.O. Box # <b>8069 SEVERN DR</b>	3. Mailing Address <b>8069 SEVERN DR</b>
Suite, Apt. #, etc. <b>Apt No. C</b>	Suite, Apt. #, etc. <b>Apt No. C</b>
City & State <b>Boca Raton FL</b>	City & State <b>Boca Raton FL</b>
Zip <b>33433</b>	Country <b>USA</b>

40000000



03112007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5592271</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SANTIAGO, JOSE 218 VIA D'ESTE APT. 1311 DELRAY BEACH, FL 33445</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8069 SEVERN DR, Apt C</b> City <b>Boca Raton, FL</b> Zip Code <b>33433</b>
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, JOSE 218 VIA D'ESTE, APT. 1311 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SANTIAGO, JOSE 8069 SEVERN DR, Apt C Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JOSE SANTIAGO** 4-14-07 3613069874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #