## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

1111411111	DOCUMENT # P06000 Entity Name BOD COACH, INC.	P06000148180			7 90157 017 ***15	
Sule, Apt. #, etc.  Suite, Apt. #, etc.  Apt. No. C.  City & State  City & State  City & State  City & State  Country  33433  SAA  G. Name and Address of Current Registered Agent  SANTIAGO, JOSE  218 VIA D'ESTE  APT. 1311  DELRAY BEACH, FL 33445  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and according to the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  Apt. No. C.  Suite, Apt. #, etc.  OSJ112007  Chg.P. CR2E034 (12/06)  Applied For Country  Applied For Status Desired Agent Stat	18 VIA D'ESTE PT. 1311 ELRAY BEACH, FL 33445	218 VIA D'ESTE APT. 1311 DELRAY BEACH, FL	33445		1877 #271 B7287 18181 1888 18111 B8	<b>3111</b> (1 11 <b>5</b> 1
Applied For State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sarta A Hardon FL  Size Country  Country  Country  Sarta A Hardon FL  Size Country  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Rame  SANTIAGO, JOSE  218 VIA D'ESTE  APT. 1311  DELRAY BEACH, FL 33445  Size A Address (P.O. Box Number is Not Acceptable)  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 acceptable in the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and bile if applicable.  (NOTE: Registered Agent signature required when remistating)  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  Rille  P. Delete  Rille  Roce Score  Applied For Not Acceptable Agent signature required when remistating)  Applied For Not Acceptable Agent signature required when remistating)  Applied For Not Acceptable See Score  Applied For Not Acceptable See Required  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Added to Fees  City Social Acceptable See Score  Applied For Not Acceptable See Score  Applied For Not Acceptable See Required  Applied For Not Acceptable See Required Agent signature required when remistating)  DATE  P. Election Campaign Financing Added to Fees  Added to Fees  Added to Fees	8069 Severn Dr	Da 8069 Sev	IERN DR	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sample   S	City & State	City & State	can Fl	4. FEI Number	Ar	
SANTIAGO, JOSE 218 VIA D'ESTE  APT. 1311  DELRAY BEACH, FL 33445  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 acceptable of the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  Procedular Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code 35.433  Type Code 35.433  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstaing)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  Procedular Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)	Zip Country 33433 USA	ountry Zip 15A 33433	Country	5. Certificate of Status Desired	S8.75 Add Fee Require	ditional
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 acceptable obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and billout applicable. (NOTE: Registered Agent signature required when reinstating)  P. Election Campaign Financing	SANTIAGO, JOSE 18 VIA D'ESTE NPT. 1311		Street Address	(P.O. Box Number is Not Acceptate	Die)	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  IIILE P □ Delete IIILE P(とならもなった 図 Change □ Additions □ Addit	the obligations of registered agent.	agent.	its registered office or registe	ered agent, or both, in the State of I		and accept
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Delete Lice 2/96 v. A. Manual Delete		OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTOR	S IN 11
STREET ADDRESS 218 VIA D'ESTE, APT. 1311  STREET ADDRESS 8069 Seven Or. APT C  CITY-ST-ZIP DELRAY BEACH, FL 33445  CITY-ST-ZIP BOCA RATON FL 334733	SANTIAGO, JOSE REET ADDRESS 218 VIA D'ESTE, APT. 13	IOSE TE, APT. 1311	NAME STREET ADDRESS 800	ntingo, Jose 69 Sevenn Pr. A	16+ C	☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  12. Thereby 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	AME Freet Address TY-SI-Zip		NAME STREET ADORESS CITY-SI-ZIP			☐ Addition

2. I nereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 14 07 Date 58/306 9874 Daytime Phone #