2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2008 8:00 am
Secretary of State

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DOCUMENT # P07000012046

1. Entity Name
ORLANDO MASSAGE AND BODYWORK, INC.

Principal Place of Business	Mailing Address
2431 ALOMA AVE. SUITE 277 WINTER PARK, FL 32792	7848 COPPERFIELD COURT ORLANDO, FL 32825

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2471 Aloma Ave	7848 Copperfield CT
Suite, Apt. #, Etc.: Suite 101	Suite, Apt. #, etc.
City & State: Winter Park FL	City & State: Orlando FL 32825
Zip: 32792 Country: USA	Zip: 32825 Country: USA

4. FEI Number: 20-8277443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTIAGO, YOLANDA 7848 COPPERFIELD COURT ORLANDO, FL 32825	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Yolanda Santiago DATE: April 1, 08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, YOLANDA 7848 COPPERFIELD COURT ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOZAK, JAMES 7848 COPPERFIELD COURT ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Yolanda Santiago April 1, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #