

FILED
Mar 18, 2008 8:00 am
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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01-22-2008 90068 005 ***150.00

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DOCUMENT # P07000094062			
1. Entity Name BELLA BODY INC			
Principal Place of Business 2630 SW 28 STREET 50 COCONUT GROVE, FL 33133		Mailing Address 2630 SW 28 STREET 50 COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FPM Number 26-0762005		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEVALLOS, ALEJANDRO 2630 SW 28 STREET 50 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEVALLOS, ALEJANDRO 2630 SW 28 STREET, UNIT 50 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATRIZ ZEVALLOS 2630 SW 28 ST, UNIT 50 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Beatriz E. Zevallos</i>		Date: <i>01-17-08</i> Daytime Phone #: <i>786-728-3330</i>	