## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90653 050 \*\*\*150.00

DOCUMENT # P94000019783  1. Entity Name MCL BODY SHOP, INC.						05-03-2004	90653 050	) ***15	50.00
Principal Place	e of Business	Mailing Address			1				
5303 N.W. 7TH STREET		5303 N.W. 7TH STREET							
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Miami, FL 33 	3126	MIAMI, FL 33126			 	UL BARN BEN BEIN BEI	ı <b>derin</b> a ilmən bəril f <b>ö</b> l		
2. Principal P	ace of Business 3.	, Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004	Chg-P	CR2E034 (	(10/03)		
City & State		City & State		4. FEI Number 65-47880	040			plied For ι Applicable	
Zip	Country	Zip ·	Count	try	5. Certificate of	Status Desired		.75 Add Required	
	6. Name and Address of Current Reg	istered Agent		-	7. Name and A	ddress of New R	egistered Age	nt	
DIAZ. YAD	- CIMAN			Name )					
400 NW 12 MIAMI, FL	25 AVE	Street Add		Street Address (	P.O. Box Number	is Not Acceptable	e)		
				City			FL	Zip Code	9
	named entity submits this statement for the ions of registered agent.	purpose of changing its	registere	ed office or register	red agent, or both,	in the State of Flo	rida. I am fami	iliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and titl	le if applicable (NOTI	E; Registered	d Agent signature requirer	1 when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campai Trust Fund Cont			.00 May Be led to Fees	· .			
After Ma	ay 1, 2004 Fee will be \$550.00 OFFICERS AND DIRE	Trust Fund Cont	tribution.	Ādd	.00 May Be led to Fees	HANGES TO OFF			
After Ma	officers and dire	Trust Fund Cont	11.	Add	.00 May Be led to Fees	HANGES TO OFF		RECTORS Change	S IN 11
After Ma 10. TITLE NAME	OFFICERS AND DIRE PD DIAZ, YADAMID	Trust Fund Cont	11. ITILE NAME	Add	.00 May Be led to Fees	HANGES TO OFF			
After Ma	officers and dire	Trust Fund Cont	11. ITILE NAME STREE	Add	.00 May Be led to Fees	HANGES TO OFF			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Daytime Phone #