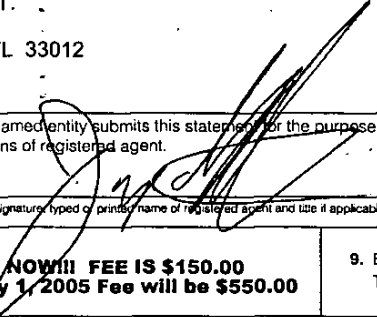
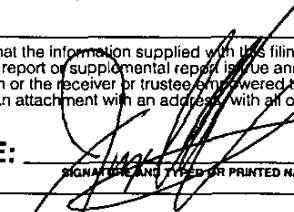


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 022 ***150.00

DOCUMENT # P95000015392 1. Entity Name BODY ALIVE HEALTH & FITNESS PRODUCTS CORP.					
Principal Place of Business 801 W. 49TH ST. SUITE 105 HIALEAH, FL 33012			Mailing Address 801 W. 49TH ST. SUITE 105 HIALEAH, FL 33012		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0588401	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GUTIERREZ, JORGE 801 W 49 ST. #105 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE: 				DATE: 1/11/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: P NAME: ABRAHAM, ZORAYA STREET ADDRESS: 801 W. 49TH ST., #105 CITY-ST-ZIP: HIALEAH, FL 33012				TITLE: P NAME: Gutierrez, Jorge STREET ADDRESS: 801 W 49th St. #105 CITY-ST-ZIP: HIALEAH, FL 33012	
TITLE: V NAME: GUTIERREZ, JORGE STREET ADDRESS: 801 W. 49TH ST. #105 CITY-ST-ZIP: HIALEAH, FL 33012				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE: 1/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-698-5959	

50003079



01112005 Chg-P CR2E034 (10/03)