FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90072 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000040644

1. Entity Name
BODY BUSINESS, INC.

Principal Place of Business	Mailing Address
4180-1 JOG RD LAKE WORTH, FL 33467 US	4180-1 JOG RD LAKE WORTH, FL 33467 US

54071445

2. Principal Place of Business	3. Mailing Address
10120 FOREST HILL BLVD	10120 FOREST HILL BLVD
Suite, Apt. #, etc.: STE 160	Suite, Apt. #, etc.: STE 160
City & State: WELLINGTON, FL	City & State: WELLINGTON, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

08232004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0604297 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DILEVO, DENISE A
4180-1 JOG RD
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name: DENISE A. DILEVO
Street Address (P.O. Box Number is Not Acceptable): 10120 FOREST HILL BLVD STE 160
City: WELLINGTON FL Zip Code: 33414

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] 8/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P/D ☐ Change ☐ Addition
NAME	DILEVO, DENIS	NAME	DENISE DILEVO
STREET ADDRESS	4180-1 JOE ROAD	STREET ADDRESS	10120 FOREST HILL BLVD STE 160
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 8/25/04 561 795 2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #