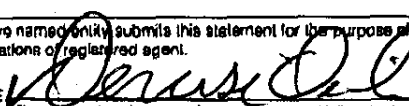
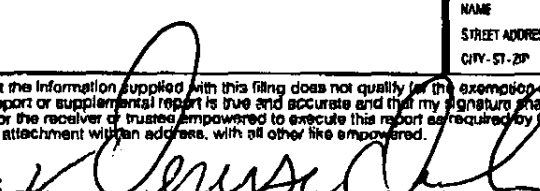
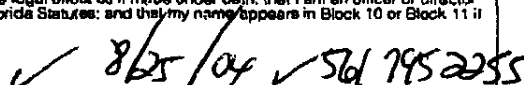


FILED
Sep 02, 2004 8:00 am
Secretary of State

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 4180-1 JOG RD LAKE WORTH, FL 33467 US		Mailing Address 4180-1 JOG RD LAKE WORTH, FL 33467 US	
2. Principal Place of Business 10120 FOREST HILL BLVD STE 160 WELLINGTON, FL 33414 USA		3. Mailing Address 10120 FOREST HILL BLVD STE 160 WELLINGTON, FL 33414 USA	
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 DENISE A. DILEVO 10120 FOREST HILL BLVD STE 160 WELLINGTON FL 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:  DATE: 8/25/04	
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILEVO, DENIS 4180-1 JOE ROAD LAKE WORTH, FL 33467 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DENISE DILEVO 10120 FOREST HILL BLVD STE 160 WELLINGTON, FL 33414 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 8/25/04  561 795 2255	

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08232004 Chg-P CR2E034 (10/03)