

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080226

1. Corporation Name
BODY INNOVATIVE GROWTH, INC.



Principal Place of Business
1325 SNELL ISLE BOULEVARD
SUITE 218
ST. PETERSBURG FL 33704

Mailing Address
1325 SNELL ISLE BOULEVARD
SUITE 218
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/15/1997 | |
| 4. FEI Number 59-3469129 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 1429 72 nd AV NE Suite, Apt. #, etc. | 2a. Mailing Address 26 1429 72 nd AV NE Suite, Apt. #, etc. |
| 22 City & State 23 St. Pete FL Zip Country | 27 City & State 28 St. Pete FL Zip Country |
| 24 33702 25 Pinellas | 29 33702 30 Pinellas |

9. Name and Address of Current Registered Agent

MATTA, DAN
1325 SNELL ISLE BOULEVARD
SUITE 218
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Matta Dan |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1429 72 nd AV NE |
| 83 |
| 84 City St. Pete FL 85 Zip Code 33702 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Daniel Matta (NOTE: Registered Agent signature required when reinstating) 4/27/99 DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE P | <input type="checkbox"/> DELETE | 1.1 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MATTA, DANIEL | | 1.2 NAME Matta Daniel | |
| STREET ADDRESS 1325 SNELL ISLE BOULEVARD, STE. 218 | | 1.3 STREET ADDRESS 1429 72 nd AV NE | |
| CITY-ST-ZIP ST. PETERSBURG FL 33704 | | 1.4 CITY-ST-ZIP St. Pete FL 33702 | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Matta 4/27/99 (727) 527-7223

CR2E034 (11/98)