

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2005 90069 025 ***150.00
04-18-2005 90292 033 ***150.00

DOCUMENT # P97000082639 1. Entity Name TROPICAL BODY SHOP, INC.			
Principal Place of Business C/O HECTOR L. SANTANA 5475 MAULE WAY #28 MANGONIA PARK FL 33407		Mailing Address C/O HECTOR L. SANTANA 5475 MAULE WAY #28 MANGONIA PARK FL 33407	
NEW ADDRESS			
2. Principal Place of Business 1488 DR. MARTIN LUTHER Suite, Apt. #, etc. KING BLVD.		3. Mailing Address 1488 DR. MARTIN LUTHER Suite, Apt. #, etc. KING BLVD.	
City & State RIVIERA BEACH, FL		City & State RIVIERA BEACH, FL	
Zip 33404	Country PALM BEACH	Zip 33404	Country PALM BEACH
4. FEI Number 65-0783976		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANA, HECTOR L 5475 MAULE WAY #28 MANGONIA PARK FL 33407 1488 DR. MARTIN LUTHER KING BLVD RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name SANTANA, HECTOR L Street Address (P.O. Box Number is Not Acceptable) 1488 DR. MARTIN LUTHER KING BLVD. R City RIVIERA BEACH FL Zip Code 33404	
8. The above named agent 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
DATE 2/17/05		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE D	NAME SANTANA, HECTOR L	<input type="checkbox"/> Delete	
STREET ADDRESS 5475 MAULE WAY #28	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP MANGONIA PARK FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Delete		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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 and typed or printed name of signing officer or director			
Date		Daytime Phone #	