

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007521

Entity Name: BEST BODY WORK, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

2449 S.W. 138TH AVENUE
MIAMI, FL 33175

New Principal Place of Business:

357 ALMERIA AVE.
102
CORAL GABLES, FL 33134

Current Mailing Address:

2449 S.W. 138TH AVENUE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 65-0817215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADON, TAHITIMI
2449 SW 138 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELGADO, TAHITIMI
Address: 2449 S.W. 138TH AVENUE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: SUCHERO, ANA M
Address: 11894 SW 102ND ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SUCHERO, ANA M
Address: 357 ALMERIA AVE.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAHITIMI DELGADO

P

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date