2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State
01-21-2004 90007 017 ***150.00

DOCUMENT # P98000016169

1. Entity Name
BODY PREFERENCE, INC.

Principal Place of Business
~~1000 NORTHWEST 202 STREET~~
~~MIAMI, FL 33169~~

Mailing Address
~~1000 NORTHWEST 202 STREET~~
~~MIAMI, FL 33169~~

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2331 N 59th Ave		2331 N 59th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood FL		City & State: Hollywood FL	
Zip: 33021	Country: USA	Zip: 33021	Country: USA

4. FEI Number: 65-0813754 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, CHAUNCEY
2331 NORTH 59TH AVE.
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 X [signature] Chauncey Williams, Pres. DATE 1/12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, CHAUNCEY		NAME		
STREET ADDRESS	~~2331 N. 54TH AVE.~~		STREET ADDRESS	2331 N 59th Ave	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: X [signature] Chauncey Williams 1/12/04 (305) 321-6030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #