

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043842

Entity Name: BODY PRODUCTS INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

11000 N.W. 32ND AVENUE
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

11000 N.W. 32ND AVENUE
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0843133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAMA, ALBERTO M T
3804 SW 53RD CT
HOLLYWOOD, FL 33312 US

Name and Address of New Registered Agent:

SALAMA, ALBERTO M T
401 HOLIDAY DRIVE
HALLANDALE, FL 33009 US

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: ALBERTO SALAMA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAMA, ELIAS M T
Address: 3804 SW 53RD CT
City-St-Zip: HOLLYWOOD, FL 33312

Title: VP () Delete
Name: BENSABAT, JOSEPH
Address: 3801 NE 207 ST. # 801
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: SALAMA, SAMUEL M T
Address: 19111 COLLINS AVE #904
City-St-Zip: AVENTURA, FL 33160

Title: S () Delete
Name: SALAMA, ALBERTO M T
Address: 401 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERTO SALAMA

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date