FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**



FILED Jun 19, 2003 8:00 am Secretary of State 06-19-2003 90045 025 ***150.00

DOCUMENT # 799000031764 1. Entity Name MENA'S Body Work Gap.								06-19-2003 90045 025 ***150.00			
Mena	\'s \	309A	Work	Corp.	Ο γ	TO WELL					
DO NOT WRITE IN THIS SPACE											
2. Principal F	Place of Bu	siness	35T#44	3. Mailing Address	ın 103	03 51					
Suite, Apt. #, etc.					Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	eah (Sarde	NS, FLA	City & State H Mele Jh	Garde	NS, FL	4. FE	65 - 903	602	Applied For Not Applicable	
Zip 3		Country U.S.	Δ	^{Zip} 33018	Cour	USA	5 . Ce	ertificate of Status Desired [\$8. Fee	75 Additional Required	
					STANDARD CONTRACTOR		7. Nan	e and Address of Current Reg	istered Ag	ent	
Name Name								NA. Modesto			
							ess (P.O. Box Number is Not Acceptable)				
		IN TH	IIS SP	ACE		20	54 W	1 17 57			
a de la companya de						City 14	IAle	ah	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State								Election Campaign Financi Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.		Strength of the strength of th	FFICERS AND D	- Control of the Cont			. 1867. S	[2] [4] 建建筑 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]		3.5	
TITLE	DPS	T and	• (77)		ारा	1 m	d Constitution and review of the constitution		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
NAME STREET ADDRESS	853	1, 10d E 325	i T	0.13		ET ADDRESS					
CITY-ST-ZIP	HIA	lesh,	76 33	013	CHY	-ST-ZIP	C. PONG SES COLUMN SES		10 m.	And the second s	
NAME					NAM	1	n da de la companya d				
STREET ADDRESS CITY-ST-ZIP					0.377	ET ADDRESS -St-Zip	and the state of t				
TITLE					ŢΠĻ	经验证证明			e registrative transport	Mark Market Comment of the Comment o	
NAME STREET ADDRESS					NAM STRE	ET ADDRESS		BO NOT 14			
CITY-ST-ZIP					CITY	-ST-ZIP		DO NOT W	KIL		
TITLE					្នាវេប			IN THIS SE	PACE		
NAME STREET ADDRESS				3	NAM STRI	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP	Architecture of Parish School		 		
TITLE NAME					≟-TĪTĻ ⊳NAM	· * * * * * * * * * * * * * * * * * * *			9 3 9 4	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS					STAL	EET ADDRESS	inger - des recommende de la commencia de la c	grander i State de Santa de S Al como de Santa de S			
CITY-ST-ZIP	ļ					-ST-ZIP			30,		
TITLE NAME					TITLE NAM			e de destruction de la company			
STREET ADDRESS	1					ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP	to godine – apillapitalis	o to a residentificação principales de la companiona del			

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND APPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR