


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

03-31-2004 90018 016 ***150.00

DOCUMENT # P99000049325

1. Entity Name
BODY SPA ONE PRODUCTS INC.



Principal Place of Business
**108 SOUTH MIAMI AVE., STE. 300
MIAMI FL 33130**

Mailing Address
**108 SOUTH MIAMI AVE., STE. 300
MIAMI FL 33130**

2. Principal Place of Business
108 South Mia-AV
Suite, Apt. #, etc.
#300
City & State
Mia-Fl.
Zip
33130 Country
USA

3. Mailing Address
108 South Mia-AV
Suite, Apt. #, etc.
#300
City & State
Mia-Fl.
Zip
33130 Country
USA



MOORE CR2E034 (11/03)

4. FEI Number **65-0934713** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**ANGELINI, CHRIS
888 BRICKELL KEY DR., #605
MIAMI FL 33131**

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  DATE **March 24/04**

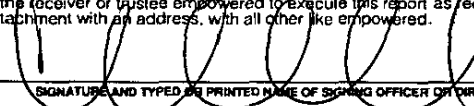
Signature must be printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP | P ANGELINI, CHRIS 888 BRICKELL KEY DR #605 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **April 13/04** Daytime Phone # **305-372-1324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR