

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000065951

1. Entity Name
BODYWORX PT INC.



Principal Place of Business
1754 MERIDIAN AVE #204
MIAMI BEACH, FL 33139

Mailing Address
1754 MERIDIAN AVE #204
MIAMI BEACH, FL 33139



05022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0949277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERMAN, RAQUEL
1754 MERIDIAN AVE #204
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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)

000000948991
06/02/08-20010-000 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be**
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BERMAN, RAQUEL
STREET ADDRESS	1754 MERIDIAN AVE #204
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	D
NAME	RAQUEL, BERMAN
STREET ADDRESS	1754 MERIDIAN AVE #204
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 305 807 8165
Date Daytime Phone #