

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000092214

**Entity Name:** BODY DESIGNERS CORP

**Current Principal Place of Business:**

19210 W OAKMONT DR  
MIAMI, FL 33015

**Current Mailing Address:**

19210 W OAKMONT DR  
MIAMI, FL 33015

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DE LOURDES ZENO, MAYRA MD  
19210 W OAKMONT DR  
MIAMI, FL 33015 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DE LOURDES ZENO, MAYRA MD  
Address 19210 W OAKMONT DR  
City-State-Zip: MIAMI FL 33015

Title VP  
Name KOHN, ABUL  
Address 19210 W OAKMONT DR  
City-State-Zip: MIAMI FL 33015

*I hereby 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 all other like empowered.*

**SIGNATURE:** DE LOURDES ZENO , MAYRA , MD

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04/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date