


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90073 013 \*\*\*150.00

6001401



|  |   |
|--|---|
| <b>DOCUMENT # F00000004323</b>                                     |  |
| 1. Entity Name<br><b>INTERNATIONAL BODY SCULPTING INCORPORATED</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>253 NE 212TH TERRACE<br/>NORTH MIAMI BEACH, FL 33179</b> | Mailing Address<br><b>253 NE 212TH TERRACE<br/>NORTH MIAMI BEACH, FL 33179</b> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>17028 W. Dixie Hwy</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>1445 Washington St</b><br>Suite, Apt. #, etc. |
|--|--|

|                                    |                                     |
|------------------------------------|-------------------------------------|
| City & State<br><b>N. Miami FL</b> | City & State<br><b>Hollywood FL</b> |
| Zip<br><b>33160</b>                | Zip<br><b>33020</b>                 |
| Country<br><b>US</b>               | Country<br><b>US</b>                |

01222006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1043277</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>HADAD, PATRICE P<br/>253 NE 212TH TERRACE<br/>NORTH MIAMI BEACH, FL 33179</b> |  |
|---|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name <b>Patrice Paldino</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1445 Washington St</b><br>City <b>Hollywood</b> FL Zip <b>33020</b> |  |
|---|--|

|  |  |
|--|--|
| 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.<br>SIGNATURE <b>Patrice Paldino</b> (NOTE: Registered Agent signature required when reinstating) <b>1/23/06</b> Date |  |
|--|--|

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>HADAD, EMILE T<br>253 NE 212TH TERRACE<br>NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1445 Washington St</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Hollywood, FL 33020</b>                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HADAD, PATRICE P<br>253 NE 212TH TERRACE<br>NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Patrice Paldino</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1445 Washington St</b><br><b>Hollywood, FL 33020</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

|  |   |
|--|---|
| 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 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 <b>Patrice Paldino</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | <b>1/23/06</b> Date <b>305-336-7623</b> Daytime Phone # |