

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M25604

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: D'PROFESSIONAL BODY SHOP, INC.

**Current Principal Place of Business:**

1645 W 39TH PL  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1645 W 39TH PL  
HIALEAH, FL 33012 US

**New Mailing Address:**

1645 W 39TH PL  
HIALEAH, FL 33012

FEI Number: 59-2621828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DIAZ, DOMINGO N.  
310 EAST 41ST STREET  
HIALEAH, FL 33013 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DIAZ, DOMINGO N.  
Address: 310 EAST 41ST STREET  
City-St-Zip: HIALEAH, FL

Title: VP ( ) Delete  
Name: NIVIO DIAZ  
Address: 310 E 41ST ST  
City-St-Zip: HIALEAH, FL 33013

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NIVIO DIAZ

VP

04/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date