

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009920

FILED
Mar 26, 2009
Secretary of State

Entity Name: INNER BEAUTY FIRST, INC.

Current Principal Place of Business:

1022 NE 35 AVE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

1022 NE 35 AVE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 26-1243069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CHARLES L
9900 SW 168 STREET STE 9
MIAMI, FL 33157 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: COATS, ARCHAIENA B
Address: 1022 NE 35 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: COATS, PATRICK D
Address: 1022 NE 35 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: BOHLER, LEAHNA L
Address: 10725 SW 147 STREETS
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARCHALENA COATS

CEO

03/26/2009

Electronic Signature of Signing Officer or Director

Date