

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000174

FILED  
Aug 10, 2010  
Secretary of State

Entity Name: ONE BEAUTIFUL WORLD, INC.

**Current Principal Place of Business:**

% JEAN CABILLOT  
341 BERMUDA SPRINGS DRIVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 267931  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 26-4024678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDFARB, JENNIFER  
4301 S FLAMINGO RD  
SUITE 104  
DAVIE, FL 33330 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: D  
Name: CABILLOT, JEAN  
Address: 341 BERMUDA SPRINGS DRIVE  
City-St-Zip: WESTON, FL 33326

Title: D  
Name: PRIETO, VALENTINA  
Address: 321 BERMUDA SPRINGS DRIVE  
City-St-Zip: WESTON, FL 33326

Title: D  
Name: TORO, DEANNA  
Address: 1489 LANTANA COURT  
City-St-Zip: WESTON, FL 33326

Title: D  
Name: WEIZMAN, NANCY  
Address: 6924 SW 148 LANE  
City-St-Zip: DAVIE, FL 33331

Title: D  
Name: GOLDFARB, JENNIFER  
Address: 11869 SW 55 STREET  
City-St-Zip: COOPER CITY, FL 33330

Title: D  
Name: ALKORJI, TAJA  
Address: 1486 NW 81 TERRACE  
City-St-Zip: PLANTATION, FL 33332

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

SIGNATURE: JEAN CABILLOT

D

08/10/2010

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

\_\_\_\_\_  
Date