

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010167

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** BLESSING CLINIC OF BEAUTY INC

**Current Principal Place of Business:**

6305 MIRAMAR PARKWAY  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6305 MIRAMAR PARKWAY  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

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

WORLD MISSION OF JESUS CHRIST INC  
17903 SW 2 ST  
PEMBROKE PINES, FL 33023 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FANFAN, LILA  
Address: 8451 NW 5 AVE  
City-St-Zip: MIAMI, FL 33150

Title: V  
Name: WECHE, DIDDLEY  
Address: 8451 NW 5 AVE  
City-St-Zip: MIAMI, FL 33150

Title: S  
Name: WILFRID, SAINT-JEAN  
Address: 17903 SW 2 ST  
City-St-Zip: PEMBROKE PINES, FL 33029

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: WILFRID SAINT-JEAN

S

05/01/2011

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

\_\_\_\_\_  
Date