

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000251

FILED  
Sep 13, 2007  
Secretary of State

Entity Name: MY PERFECT IMAGE, INC.

## Current Principal Place of Business:

9900 SW 168TH STREET  
SUITE 9  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

9900 SW 168TH STREET  
SUITE 9  
MIAMI, FL 33157

## New Mailing Address:

FEI Number: 65-0911454      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

JONES, CHARLES  
9900 SW 168TH ST.,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: PD      ( ) Delete  
Name: JONES, MYOUSHI E  
Address: 15820 SW 98TH COURT  
City-St-Zip: MIAMI, FL 33157

Title: CD      ( ) Delete  
Name: LEE, BUENITA A  
Address: 1119 BONNIE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD      ( ) Delete  
Name: REAMS, DAMARIS  
Address: 14728 SW 153RD CT  
City-St-Zip: MIAMI, FL 33196

Title: TD      ( ) Delete  
Name: ROBINSON, PAMELA  
Address: 15330 SW 100TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: D      ( ) Delete  
Name: FERRARI, LIZ  
Address: 4991 SW 86TH STREET  
City-St-Zip: MIAMI, FL 33143

## 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:

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: MYOUSHI JONES

PD

09/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date