

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000251

FILED
May 03, 2009
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: SD () Delete
Name: WHITE, BENNIE
Address: 16211 SW 101 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: JONES, DEREK
Address: 201 NW 7TH STREET, APT. 306
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: JONES, DARYL
Address: 15820 SW 98TH CT
City-St-Zip: MIAMI, FL 33157

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
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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

PRES

05/03/2009

Electronic Signature of Signing Officer or Director

Date