2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# P06000052767

Entity Name: P M BODY SHOP, INC

Current Principal Place of Business:

13051 N.W. 32 AVENUE
BAY # 16
OPALOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

13051 N.W. 32 AVENUE
BAY #16
OPALOCKA, FL 33054

New Mailing Address:

FEI Number: 20-4274963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COBAS, PEDRO P
13051 N W 32 AVE
BAY # 16
OPALOCKA, FL 33O54 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: P ( ) Delete
Name: COBAS, PEDRO P
Address: 13051 N W # 16
City-St-Zip: OPALOCKA, FL 33054

Title: VP (X) Delete
Name: MESA, NIDIA
Address: 13051 NW 32 AV
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COBAS, PEDRO P
Address: 13051 N W 32 AVE # 16
City-St-Zip: OPALOCKA, FL 33054

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

SIGNATURE: PEDRO COBAS P 05/13/2009

Electronic Signature of Signing Officer or Director — Date