# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# P06000097940

**Entity Name:** SOFT TOUCH TOTAL BODY CARE, INC

**Current Principal Place of Business:**

25003 S.W. 123RD PLACE
HOMESTEAD, FL 33032 US

**New Principal Place of Business:**

**Current Mailing Address:**

25003 S.W. 123RD PLACE
HOMESTEAD, FL 33032 US

**New Mailing Address:**

**FEI Number: 20-8293009** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WOODS, ANNETTE
25003 S.W. 123RD PLACE
HOMESTEAD, FL 33032 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ANNETTE WOODS,
Address: 25003 S.W. 123RD PLACE
City-St-Zip: HOMESTEAD, FL 33032

Title: P ( ) Delete
Name: ANNETTE WOODS,
Address: 25003 SW 123RD PLACE
City-St-Zip: HOMESTEAD, FL 33032

Title: P ( ) Delete
Name: ANNETTE WOODS,
Address: 25003 S.W. 123RD PLACE
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City-St-Zip: HOMESTEAD, FL 33032

Title: P ( ) Delete
Name: ANNETTE WOODS,
Address: 25003 S.W. 123RD PLACE
City-St-Zip: HOMSETEAD, FL 33032

**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:

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: ANNETTE WOODS P 05/01/2008

Electronic Signature of Signing Officer or Director Date