

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009650

Entity Name: NU-SOUL INTERNATIONAL, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

711 SOUTH  
LAKE WORTH, FL 33460

## New Principal Place of Business:

2402 SW GARCIA AVE.  
PORT ST LUCIE, FL 34953

## Current Mailing Address:

P.O. BOX 6176  
LAKE WORTH, FL 33460

## New Mailing Address:

2402 SW GARCIA AVE  
PORT ST LUCIE, FL 34953

FEI Number: 20-8273294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELIX, JAMES  
711 SOUTH  
LAKE WORTH,, FL 33460 US

## Name and Address of New Registered Agent:

EUGENE, HEBNISE  
2402 SW GARCIA AVE  
PORT ST LUCIE, FL 34953 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: HEBNISE EUGENE

05/01/2009

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: CEO ( ) Delete  
Name: FELIX, JAMES  
Address: 711 SOUTH  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: P ( ) Delete  
Name: BERETE, FRANKIE  
Address: 3040 CONGRESS PARK DR. APT 711  
City-St-Zip: LAKE WORTH, FL 33461 US

Title: CLO ( ) Delete  
Name: EUGENE, HEBNISE  
Address: 2402 SW GARCIA AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: CFO (X) Delete  
Name: MATHURIN, EMMANUELA  
Address: 11343 OLIVE TREE CIRCLE  
City-St-Zip: GREENACRES, FL 33413 US

Title: CMO ( ) Delete  
Name: BRUTUS, KARL  
Address: 855 FIELDSTONE WAY  
City-St-Zip: WEST PALM BEACH, FL 33413 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: BERETE, FRANKIE  
Address: 2402 SW GARCIA AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: HEBNISE EUGENE

CLO

05/01/2009

Electronic Signature of Signing Officer or Director

Date