

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045023

FILED  
Apr 21, 2010  
Secretary of State

Entity Name: YOUR BODY'S HANDS MASSAGE THERAPY, INC.

**Current Principal Place of Business:**

18776 SW 27 CT.  
MIRAMAR, FL 33029

**New Principal Place of Business:**

1931 NW 150 AVE SUITE 126  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

18776 SW 27TH COURT  
MIRAMAR, FL 33029

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

RUIZ, KAREN  
18776 S.W. 27TH COURT  
MIRAMAR, FL 33029    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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RUIZ, KAREN  
Address: 18776 S.W. 27TH COURT  
City-St-Zip: MIRAMAR, FL 33029

Title: VP  
Name: RUIZ, MARK E  
Address: 18776 S.W. 27TH COURT  
City-St-Zip: MIRAMAR, FL 33029

Title: SEC  
Name: RUIZ, KAREN  
Address: 18776 S.W. 27TH COURT  
City-St-Zip: MIRAMAR, FL 33029

Title: TREA  
Name: RUIZ, MARK E  
Address: 18776 S.W. 27TH COURT  
City-St-Zip: MIRAMAR, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: KAREN RUIZ

P

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date