2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077746

City-St-Zip: MIAMI, FL 33142

Entity Name: THE MASTER'S BODY SHOP, CORP

FILED Mar 16, 2009 Secretary of State

Entity Nar	ne: THE MAS	TER'S BODY SHOP, CORP.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
3660 NW 4 HIALEAH,	18TH TERR FL 33142					
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
3660 NW 48TH TERR HIALEAH, FL 22142				3660 NW 48TH TERR HIALEAH, FL 33142		
FEI Number:	61-1535233	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
GARCIA, JOCHEBED 15605 SW 207 AVE MIAMI, FL 33187 US			15605 SW	MURILLO, DINA 15605 SW 207 AVE MIAMI, FL 33187 US		
	named entity s of Florida.	submits this statement for the pu	urpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE: DINA MUI	RILLO		03/16/2009		
	Electron	ic Signature of Registered Age	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (X) GARCIA, ANGE 15605 SW 207 MIAMI, FL 3318	AVE	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DT (X) GARCIA, JOCHI 15605 SW 207 MIAMI, FL 3318	AVE	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MURILLO, GER	RRACE REAR B	Title: Name: Address: City-St-Zip:	MURILLO, GEF	ERRACE REAR B	
Title: Name: Address:	MURILLO, DINA	Delete RRACE REAR B	Title: Name: Address:	MURILLO, DIN) Change ()Addition A ERRACE REAR B	

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.

City-St-Zip: MIAMI, FL 33142

SIGNATURE: GERARDO MURILLO P 03/16/2009