# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 13, 2008**
**Secretary of State**

DOCUMENT# P07000122360

**Entity Name:** FULL BODIED, INC.

**Current Principal Place of Business:**

16699 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

16699 COLLINS AVENUE
# 1801
SUNNY ISLES BEACH, FL 33160 US

**Current Mailing Address:**

16699 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

16699 COLLINS AVENUE
# 1801
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 26-1396905** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MOURAD, EMILE
16699 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160 US

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

MOURAD, FRANCIE
16699 COLLINS AVENUE
# 1801
SUNNY ISLES BEACH, FL 33160 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: FRANCIE MOURAD 06/13/2008
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: MOURAD, EMILE
Address: 16699 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: D (X) Delete
Name: MOURAD, EMILE
Address: 16699 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: MOURAD, EMILE
Address: 16699 COLLINS AVENUE #1801
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: FRANCIE MOURAD PRES 06/13/2008
Electronic Signature of Signing Officer or Director Date