2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 01, 2009
Secretary of State

DOCUMENT# P07000122360

Entity Name: FULL BODIED, INC.

Current Principal Place of Business:

3015 GRAND AVE.
116
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3015 GRAND AVE.
116
COCONUT GROVE, FL 33133 US

New Mailing Address:

16699 COLLINS AVE
1801
SUNNY ISLES BEACH, FL 33160

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

Name and Address of Current Registered Agent:

MOURAD, FRANCIE
16699 COLLINS AVENUE
1801
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

MOURAD, EMILE
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: EMILE MOURAD 12/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOURAD, FRANCIE
Address: 16699 COLLINS AVENUE #1801
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: VP (X) Delete
Name: ZEINA, BRAX
Address: 3015 GRAND AVE # 116
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Delete
Name: EMILE, MOURAD
Address: 3015 GRAND AVE #116
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (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:

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: EMILE MOURAD P 12/01/2009
Electronic Signature of Signing Officer or Director Date