

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066554

FILED  
May 15, 2009  
Secretary of State

Entity Name: BEAUTIFUL PEOPLE CONCIERGE SERVICE INC.

**Current Principal Place of Business:**

19732 SW 124TH AVE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

19732 SW 124TH AVE  
MIAMI, FL 33177

**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:**

MORGAN, INGRID  
19732 SW 124TH ST  
MIAMI, FL 33177 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

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: PD ( ) Delete  
Name: ADEOYE, MUSA  
Address: 1880 S OCEAN DRIVE, APT 704  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD ( ) Delete  
Name: FRANKLIN, JULIA  
Address: 5103 NW 51ST AVE  
City-St-Zip: TAMARAC, FL 33319

Title: VPD ( ) Delete  
Name: MORGAN, INGRID  
Address: 19732 SW 124TH AVE  
City-St-Zip: MIAMI, FL 33177

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

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: JULIA FRANKLIN

VPD

05/15/2009

Electronic Signature of Signing Officer or Director

Date