

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000085570

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** NATURALLY YOU SKIN AND BODY CLINIC, INC.

**Current Principal Place of Business:**

2500 NORTH FEDERAL HIGHWAY  
SUITE 204  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

621 SE 2 TERR  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 65-0707384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVER, SARAH A  
621 SE 2 TERR  
POMPANO BCH, FL 33260 US

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

OLIVER, SARAH A  
621 SE 2 TERR  
POMPANO BCH, FL 33060 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/11/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: OLIVER, SARAH A SARAH O  
Address: 621 SE 2ND TER  
City-St-Zip: POMPANO BEACH, FL 33060

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: SARAH OLIVER

PRES

01/11/2011

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

\_\_\_\_\_  
Date