2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # G89815

1. Entity Name
NATURAL ESTHETICS, INC.

Principal Place of Business	Mailing Address
% SANTIAGO A. CABRERA 5625 W WATERSAVE STE D TAMPA, FL 33634	% SANTIAGO A. CABRERA 5625 W WATERSAVE STE D TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

02162006 No Chg-F CR2E034 ** 05\

4. FE Number
59-2400657

Applied For
Not Applic

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, SANTIAGO A
5625 W WATERSAVE STE D
TAMPA, FL 33634

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8. 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. I am aware of and agree to the obligations of registered agent.

SIGNATURE _____ DATE
Signature, name and title of registered agent, if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CABRERA, SANTIAGO A.
STREET ADDRESS	5625 W. WATERS AVE., SUITE D
CITY-ST-ZIP	TAMPA FL 33634
TITLE	
NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Santiago A Cabrera 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date