

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011158

FILED
Mar 27, 2008
Secretary of State

Entity Name: AMERICAN AESTHETICS ASSOCIATION, INC.

Current Principal Place of Business:

6065 NW 167 ST #B-15
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

6065 NW 167 ST #B-15
MIAMI LAKES, FL 33015

New Mailing Address:

FEI Number: 26-1872013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELANDIA, WILSON
6065 NW 167 ST #B-15
MIAMI LAKES, FL 33015 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELANDIA, WILSON
Address: 6065 NW 167 ST #B-15
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP () Delete
Name: PEDRAZA, LADIMELBA
Address: 8405 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: DESME, MARIA
Address: 15894 KILNARNOCK DR
City-St-Zip: MIAMI LAKES, FL 33014

Title: AT () Delete
Name: GOODWILL, MARIA ANGELA
Address: 357 CAMERON DR
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: ORTIZ, SANTOS J
Address: 3778 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

Title: AS () Delete
Name: VELANDIA, MERCY
Address: 6065 NW 167 ST #B-15
City-St-Zip: MIAMI LAKES, FL 33015

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON VELANDIA

MR

03/27/2008

Electronic Signature of Signing Officer or Director

_____ Date