

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 26, 2012  
Secretary of State**

DOCUMENT# N07000011158

**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  
Name: VELANDIA, WILSON  
Address: 6065 NW 167 ST #B-15  
City-St-Zip: MIAMI LAKES, FL 33015Title: VP  
Name: PEDRAZA, LADIMELBA  
Address: 8405 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33024Title: D  
Name: DESME, MARIA  
Address: 15894 KILNARNOCK DR  
City-St-Zip: MIAMI LAKES, FL 33014Title: S  
Name: VELANDIA, MERCY  
Address: 6065 NW 167 ST #B15  
City-St-Zip: MIAMI LAKES, FL 33326Title: T  
Name: LOZANO, ARACELLY J  
Address: 8272 NW 195 TERR  
City-St-Zip: MIAMI, FL 33015

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

SIGNATURE: WILSON VELANDIA

PRES

09/26/2012

Electronic Signature of Signing Officer or Director

Date