2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

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1. Entity Name
SKIN GOURMET, INC.

Principal Place of Business	Mailing Address
18090 COLLINS AVENUE SUITE T-17 #B-23 SUNNY ISLES BEACH, FL 33160-1912 US	C/O ADAM R. SCHIFFMAN, ESQ. 2999 NE 191 ST., SUITE 900 AVENTURA, FL 33180 US

DO NOT WRITE IN THIS SPACE

03022007 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1590884
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ
2999 NE 191 STREET
SUITE 900
AVENTURA, FL 33180

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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 familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TODD, GALINA
STREET ADDRESS	18090 COLLINS AV STE T-17 #823
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 331601912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Galina Todd (president of Skin Gourmet, Inc)
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Title) (Daytime Phone #)