

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050362

FILED  
Jan 06, 2012  
Secretary of State

Entity Name: FACIAL ESTHETIQUE INC.

**Current Principal Place of Business:**

9540 BONITA BCH RD. SE  
SUITE 106  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

9540 BONITA BCH RD. SE  
SUITE 106  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 02-0690313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HIPOLITE, JONATHAN  
9540 BONITA BEACH RD  
SUITE 106  
BONITA SPRINGS, FL 34135 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: PST  
Name: REED, GRACE H  
Address: 9540 BONITA BCH RD. SE, SUITE 106  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: REED, ERIC H  
Address: 9540 BONITA BCH RD. SE, SUITE 1  
City-St-Zip: BONITA SPRINGS, FL 34135

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: GRACE REED

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

PST

01/06/2012

\_\_\_\_\_ Date