

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000118736

**FILED  
Jan 12, 2007  
Secretary of State**

**Entity Name:** ALYNE MEDICAL REJUVENATION INSTITUTE, INC

**Current Principal Place of Business:**

1733 EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1733 EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 20-1479036      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SANT ANTONIO, ALBERTO  
4775 COLLINS AVENUE  
UNIT 1002  
MIAMI BEACH, FL 33140 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ULEVICH, LYNNE  
Address: 4775 COLLINS AVE., UNIT 1002  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST ( ) Delete  
Name: SANT ANTONIO, ALBERTO  
Address: 4775 COLLINS AVE., UNIT 1002  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: LYNNE ULEVICH

P

01/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date