

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118736

FILED
Mar 25, 2008
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 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

PRES

03/25/2008

Electronic Signature of Signing Officer or Director

Date