# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2011**
**Secretary of State**

DOCUMENT# P05000087203

**Entity Name:** BROWN OLIVE NATURAL SKIN CARE, INC.

**Current Principal Place of Business:**

6919 WEST BROWARD BLVD.
PLANTATION, FL 33317

**New Principal Place of Business:**

6919 WEST BROWARD BLVD.
PLANTATION, FL 33317 US

**Current Mailing Address:**

6919 WEST BROWARD BLVD.
PLANTATION, FL 33317

**New Mailing Address:**

6919 WEST BROWARD BLVD.
PLANTATION, FL 33317 US

**FEI Number: 87-0757718** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BROWN, BRIGITTE B
6919 WEST BROWARD BLVD.
PLANTATION, FL 33317 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: PVST
Name: BROWN, BRIGITTE B
Address: 6919 WEST BROWARD BLVD.
City-St-Zip: PLANTATION, FL 33317 US

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: BRIGITTE B. BROWN PVST 03/31/2011

Electronic Signature of Signing Officer or Director Date