2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATO GERICER OR DIRECTOR

May 04, 2006 8:00 am Secretary of State **DOCUMENT # P05000158181** 05-04-2006 90222 018 ***150 00 BEFORE & AFTER IMAGE CONSULTANTS, INC. Principal Place of Business Mailing Address 1841 SOUTHWEST 29TH AVENUE 1841 SOUTHWEST 29TH AVENUE MIAMI, FL 33145 MIAMI, FL 33145 3. Mailing Address 2. Principal Place of Business 29th Ave 18415 W Suite, Apt. #, etc. <u> 1550 M</u> adru Suite, Apt. #, etc. 04262006 Chg-P CR2E034 (11/05) site 404 Applied For City & State 4. FEI Number 22-3918573 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ageliu Nicolae VILLAGELIU, NICOLAS Street Address (P.O. Box Number is Not Acceptable) 1841 SOUTHWEST 29TH AVENUE MIAMI, FL 33145 SW, 9+4 Ave City Zip Code 33145 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 24-26-06. SIGNATURE: if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ☐ Addition TITLE ☐ Change NAME GOMEZ, ROSA M MENDEZ NAME STREET ADDRESS 1841 SOUTHWEST 29TH AVENUE STREET ADDRESS MIAMI, FL 33145 CITY-ST-7IP CITY-ST-ZIP VPTD TITLE TITI F Delete ☐ Change ☐ Addition NAME DE FORKIN, CONSUELO NIETO NAME 1841 SOUTHWEST 29TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZJP MIAMI, FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

04-26-06 Deytime Phone #