


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000158181

1. Entity Name
BEFORE & AFTER IMAGE CONSULTANTS, INC.



Principal Place of Business
1425 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134

Mailing Address
1841 SOUTHWEST 29TH AVENUE
MIAMI, FL 33145



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3918573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAGELIU, NICOLAS
1841 SOUTHWEST 29TH AVENUE
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GOMEZ, ROSA M MENDEZ 1841 SOUTHWEST 29TH AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOMEZ, ROSA M MENDEZ 1841 SOUTHWEST 29TH AVENUE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARBALLO, ALFREDO V 1841 SOUTHWEST 29TH AVENUE MIAMI, FL 33145
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/29/08-80114-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]* President 4/29/08 305.446.6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #