# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000012637

1. Entity Name
DIVINE SKIN, INC.

FILED
2008 JUN 25 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06132008 Chg-P CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 951 NE 167 ST, STE 205<br>MIAMI, FL 33162 | 951 NE 167 ST, STE 205<br>MIAMI, FL 33162 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1680 Meridian Avenue | 1680 Meridian Avenue |
| Suite, Apt. #, etc.<br>Suite 301 | Suite, Apt. #, etc.<br>Suite 301 |
| City & State<br>Miami Beach, Florida | City & State<br>Miami Beach, Florida |
| Zip<br>33139 / Country | Zip<br>33139 / Country |

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>KHESIN, DANIEL<br>951 NE 167 ST, STE 205<br>MIAMI, FL 33162 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPSD<br>SMIRNOV, LEONID<br>951 NE 167 ST, STE 205<br>MIAMI, FL 33162 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition | 1680 Meridian Avenue, Suite 301<br>Miami Beach, Florida 33139 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition | 500132474375<br>U#708708--01021--028 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition | |

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:** _____ Leo Smirnov 6/16/08 516-491-0360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #