

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010932

FILED
Apr 30, 2007
Secretary of State

Entity Name: CENTER FOR ADVANCED COSMETIC DESIGN, INC.

Current Principal Place of Business:

4920 NEWKIRK DRIVE, #6
TAMPA, FL 33624 US

New Principal Place of Business:

4920 NEWKIRK DRIVE
SUITE 6
TAMPA, FL 33624 US

Current Mailing Address:

4920 NEWKIRK DRIVE, #6
TAMPA, FL 33624 US

New Mailing Address:

4920 NEWKIRK DRIVE
SUITE 6
TAMPA, FL 33624 US

FEI Number: 59-3227336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ANTHONY C
711 CRYSTAL LAKE ROAD
LUTZ, FL 33548 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: LOPEZ, ANTHONY
Address: 711 CRYSTAL LAKE ROAD
City-St-Zip: LUTZ, FL 33548

Title: S () Delete
Name: LOPEZ, ADELE
Address: 711 CRYSTAL LAKE ROAD
City-St-Zip: LUTZ, FL 33548

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: ADELE M. LOPEZ

SECR

04/30/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date