

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000080960	
1. Entity Name CUTIS, SILHOUETTES COSMETIC SURGERY & SKIN CARE, CORP.	

Principal Place of Business 400 ARTHUR GODFREY ROAD SUITE #512 MIAMI BEACH FL 33140	Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145-3053
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0535570		Applied For
		☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent	
VALLEJO, OLGA C 250 - 174TH STREET APT. 203 MIAMI BEACH FL 33160	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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	DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	SOMERS, PETER C
STREET ADDRESS	400 ARTHUR GODFREY RD SUITE 512
CITY- ST- ZIP	MIAMI BEACH FL 33140
TITLE	VSD ☐ Delete
NAME	VALLEJO, OLGA C
STREET ADDRESS	250 - 174TH STREET, APT. 203
CITY- ST- ZIP	MIAMI BEACH FL 33160
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000905277
05/01/08-80044-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Olga Vallejo* **Officer** 4/15/08 (305) 446 2055