

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000713

1. Entity Name

LABORATORIES ESTHEDERM USA, INC.



Principal Place of Business
2060 N.W. 29TH STREET
FT. LAUDERDALE FL 33311

Mailing Address
2060 N.W. 29TH STREET
FT. LAUDERDALE FL 33311



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1606868**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DE VERNEJOUL, JACQUES
2060 N.W. 29TH STREET
FORT LAUDERDALE FL 33311

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

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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FATOU, OLIVIER	
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY- ST- ZIP	FT. LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGUINESS, KAREN	
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY- ST- ZIP	FT. LAUDERDALE FL 33311	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DI BERNARDO, MARIE ROSE	
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY- ST- ZIP	FT. LAUDERDALE FL 33311	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE VERNEJOUL, JACQUES	
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY- ST- ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/05

Date

Daytime Phone #