

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000105254			
1. Entity Name ESPERANZA SKIN CARE INC.			
Principal Place of Business 801 W. 49TH ST., SUITE 229A HIALEAH, FL 33012		Mailing Address 801 W. 49TH ST., SUITE 229A HIALEAH, FL 33012	
DO NOT WRITE IN THIS SPACE			
		03082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 30-0154240	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAZ, ESPERANZA 801 W. 49TH ST., SUITE 229A HIALEAH, FL 33012		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 _____ 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		U00000481637 04/11/06-80038-022 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	DIAZ, ESPERANZA		
STREET ADDRESS	801 W 49TH ST., SUITE 229A		
CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u>Esperanza Diaz</u>		Date: <u>03-28-06</u> Daytime Phone: <u>305-251-0335</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	