

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000061304

**Entity Name:** LASER SKIN CARE, INC.

**Current Principal Place of Business:**

4869 PINEVIEW CIRCLE  
DELRAY BEACH, FL 33445

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC3005747126**

**Current Mailing Address:**

4869 PINEVIEW CIRCLE  
DELRAY BEACH, FL 33445 US

**FEI Number:** 45-2685766

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SABATES, RICARDO JMD  
4869 PINEVIEW CIRCLE  
DELRAY BEACH, FL 33445 US

*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

**Officer/Director Detail :**

Title P  
Name SABATES, RICARDO JMD  
Address 4869 PINEVIEW CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title VP  
Name SABATES, CLAUDIA E  
Address 4869 PINEVIEW CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title TREA  
Name SABATES, RICARDO JMD  
Address 4869 PINEVIEW CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title SEC  
Name SABATES, CLAUDIA E  
Address 4869 PINEVIEW CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title DIR  
Name SABATES, RICARDO JMD  
Address 4869 PINEVIEW CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

Title DIR  
Name SABATES, CLAUDIA E  
Address 4869 PINEVIEW CIRCLE  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby 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 all other like empowered.*

**SIGNATURE:** RICARDO SABATES

**PRESIDENT**

**03/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date