

2013 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

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

MANAGER

01/26/2013

Electronic Signature of Signing Officer/Director Detail

Date