
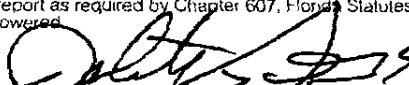


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------|---|----------------|---|---|
| DOCUMENT # 609254 1. Entity Name ELECTROLYSIS BEAUTY CLINIC INC. | | | |  | |
| Principal Place of Business 419 WEST 49TH ST SUITE 207 HIALEAH FL 33012 US | | | | Mailing Address 419 WEST 49TH STREET SUITE 207 HIALEAH FL 33012 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/05) | |
| City & State | | City & State | | 4. FEI Number 59-1911431 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEROZO, ROBERTO JR. 419 W 49TH ST STE 207 HIALEAH FL 33012 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | PEROZO, ROBERTO JR. | | STREET ADDRESS | | |
| CITY- ST- ZIP | 15801 KINGSMOOR WAY | | CITY- ST- ZIP | | |
| | MIAMI LAKES FL | | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
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| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| 11000007463322 03/21/06-80071-021 150.00 | | | | | |
| 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: Roberto Perozo Jr.  2/3/06 305-8219772 | | | | | |