


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # F01000000713</b> 1. Entity Name <b>LABORATORIES ESTHEDERM USA, INC.</b>	
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1st MOORE      CR2E034 (10/04)

Principal Place of Business <b>2060 N.W. 29TH STREET FT. LAUDERDALE FL 33311</b>		Mailing Address <b>2060 N.W. 29TH STREET FT. LAUDERDALE FL 33311</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>52-1606868</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>DE VERNEJOUL, JACQUES</b> <b>2060 N.W. 29TH STREET</b> <b>FORT LAUDERDALE FL 33311</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P. O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (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 FATOU, OLIVIER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2060 N.W. 29TH STREET	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33311	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete MCGUINESS, KAREN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2060 N.W. 29TH STREET	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33311	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete DI BERNARDO, MARIE ROSE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2060 N.W. 29TH STREET	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33311	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete DE VERNEJOUL, JACQUES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	2060 N.W. 29TH STREET	NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33311	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(l), 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 titles empowered.

SIGNATURE       02/24/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #