


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000000713</b> 1. Entity Name <b>LABORATORIES ESTHEDERM USA, INC.</b>		
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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>52-1606868</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  <b>DE VERNEJOU, JACQUES 2060 N.W. 29TH STREET FORT LAUDERDALE FL 33311</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		<b>FL</b> Zip Code
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)		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE: <b>P</b> <input type="checkbox"/> Delete NAME: <b>FATOU, OLIVIER</b> STREET ADDRESS: <b>2060 N.W. 29TH STREET</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33311</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: <b>U00000440636</b> STREET ADDRESS: <b>03/03/06-80005-007</b> CITY-ST-ZIP: <b>150.00</b>	
TITLE: <b>V</b> <input type="checkbox"/> Delete NAME: <b>MCGUINESS, KAREN</b> STREET ADDRESS: <b>2060 N.W. 29TH STREET</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33311</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <b>ST</b> <input type="checkbox"/> Delete NAME: <b>DI BERNARDO, MARIE ROSE</b> STREET ADDRESS: <b>2060 N.W. 29TH STREET</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33311</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <b>V</b> <input type="checkbox"/> Delete NAME: <b>DE VERNEJOU, JACQUES</b> STREET ADDRESS: <b>2060 N.W. 29TH STREET</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33311</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	



1st MOORE CR2E034 (10/05)

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:** \_\_\_\_\_ 2/15/06 954-484-6210