


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0100000713**  
 1. Entity Name  
**LABORATORIES ESTHEDERM USA, INC.**




Principal Place of Business: 2060 N.W. 29TH STREET FT. LAUDERDALE FL 33311  
 Mailing Address: 2060 N.W. 29TH STREET FT. LAUDERDALE FL 33311

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

4. FEI Number **52-1606868** Applied For  Not Applicable

City & State  
 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DE VERNEJOU, JACQUES**  
**2060 N.W. 29TH STREET**  
**FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P FATOU, OLIVIER	<input type="checkbox"/> Delete
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE NAME	V MCGUINESS, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE NAME	ST DI BERNARDO, MARIE ROSE	<input type="checkbox"/> Delete
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE NAME	V DE VERNEJOU, JACQUES	<input type="checkbox"/> Delete
STREET ADDRESS	2060 N.W. 29TH STREET	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000628223	
CITY - ST - ZIP	02/16/07-80006-015 150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

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: (X) *[Signature]* **02/06/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #