

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001930

Entity Name: DERMALOGICA, INC.

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

550 W. CYPRESS CREEK ROAD  
SUITE 350  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

C/O KEVIN A. NARVAEZ  
1535 BEACHEY PLACE  
CARSON, CA 90746

**New Mailing Address:**

FEI Number: 95-3874566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCDERMOTT, CHRISTINE  
390 N. ORANGE AVENUE  
SUITE 150  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: COO  
Name: WURWAND, RAYMOND COO  
Address: 1535 BEACHEY PLACE  
City-St-Zip: CARSON, CA 90746

Title: SEC  
Name: WURWAND, JANE SEC  
Address: 1535 BEACHEY PLACE  
City-St-Zip: CARSON, CA 90746

Title: CFO  
Name: LORETTA, STANLEY CFO  
Address: 1535 BEACHEY PLACE  
City-St-Zip: CARSON, CA 90746

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: LORETTA STANLEY

CFO

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date