

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89815

FILED
Mar 27, 2008
Secretary of State

Entity Name: NATURAL ESTHETICS, INC.

Current Principal Place of Business:

% SANTIAGO A. CABRERA
5625 W WATERS AVE STE D
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

% SANTIAGO A. CABRERA
5625 W WATERS AVE STE D
TAMPA, FL 33634

New Mailing Address:

% SANTIAGO A. CABRERA
5625 W WATERS AVE STE D
TAMPA, FL 33634

FEI Number: 59-2400657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, SANTIAGO A
5625 W WATERSAVE STE D
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

CABRERA, SANTIAGO A
5625 W WATERS AVE STE D
SUITE D
TAMPA, FL 33634 US

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:

03/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CABRERA, SANTIAGO A.,
Address: 5625 W. WATERS AVE., SUITE D
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: MATOS, KIMBERLY H
Address: 5625 W WATERS AVENUE SUITE D
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: CABRERA, JAMES C
Address: 5625 W WATERS AVENUE SUITE D
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANTIAGO A. CABRERA

PRES

03/27/2008

Electronic Signature of Signing Officer or Director

Date