

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89160

FILED
Apr 28, 2009
Secretary of State

Entity Name: LIDIA'S EUROPEAN SKIN CARE, INC.

Current Principal Place of Business:

40347 US HWY 19 N
STE 11
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

40347 US HWY 19 N
STE 101
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

1501 POINSETTIA AVE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-2853454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MC'QUADE, LIDIA
1501 POINSETTA AVE
TARPON SPRINGS, FL 34689 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MC'QUADE, LIDIA
Address: 1501 POINSETTA AVE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LIDIA MCQUADE

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date