


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011500 1. Entity Name THE BEAUTY OF LASER, LLC	
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Principal Place of Business 3659 S. MIAMI AVENUE, SUITE 6006 MIAMI FL 33133	Mailing Address 3659 S. MIAMI AVENUE, SUITE 6006 MIAMI FL 33133
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-1124854	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent FERNANDEZ-ROCHA, ALICIA 3659 S. MIAMI AVENUE, SUITE 6006 MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ-ROCHA, ALICIA	NAME	
STREET ADDRESS	1435 MERCADO AVENUE	STREET ADDRESS	U00000371281
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	07/07/05-80010-019 50.00
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MIREN D	NAME	
STREET ADDRESS	47 INLET DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Miren Sanchez* 7/05/05 (305) 250-5204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE State Daytime Phone #