2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000011500

1. Entity Name
THE BEAUTY OF LASER, LLC



FILED Apr 19, 2006 08:00 AM Secretary of State

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3659 S. MIAMI AVENUE, SUITE 6006 MIAMI, FL 33133 Mailing Address

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DO NOT WRITE IN THIS SPACE

04102008No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1124854 Applied For

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FERNANDEZ-ROCHA, ALICIA 3659 S. MIAMI AVENUE, SUITE 6006 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

8. The above	a named entity submits this statement for the purpose of cha tions of registered agent.	,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	[NOTE: Registered Agent signature required when reinstalling]	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
TITLE NAME STREET ADDRESS CITY-ST-DP	MANAGING MEMBERS/MANAGERS P FERNANDEZ-ROCHA, ALICIA 1435 MERCADO AVENUE CORAL GABLES, FL 33146		U00000\$19021 05/02/06-80036-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ET?	S SANCHEZ, MIREN D 47 INLET DRIVE KEY LARGO, FL 33037		
TITLE NAME			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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: Clicia Dewarder Kocha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING SEMBER, OR AUTHORIZED REPRESENTATIVE

3/31/06

Baytima Phone #