

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023358

FILED
Jul 01, 2004
Secretary of State

Entity Name: GENESIS DERMA SPA, LLC

Current Principal Place of Business:

600 HERITAGE DR.
JUPITER, FL 33458

New Principal Place of Business:

1025 MILITARY TRAIL
SUITE 113
JUPITER, FL 33458

Current Mailing Address:

600 HERITAGE DR.
JUPITER, FL 33458

New Mailing Address:

1025 MILITARY TRAIL
SUITE 113
JUPITER, FL 33458

FEI Number: 55-0838675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LUBARSKY, AMIR
Address: 600 HERITAGE DR.
City-St-Zip: JUPITER, FL 33458

Title: MGR () Delete
Name: FLANAGAN, SHAWNA
Address: 600 HERITAGE DR.
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LUBARSKY, AMIR
Address: 1025 MILITARY TRAIL #113
City-St-Zip: JUPITER, FL 33458

Title: MGR (X) Change () Addition
Name: FLANAGAN, SHAWNA
Address: 1025 MILITARY TRAIL #113
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: AMIR LUBARSKY

MGR

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date