2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L04000035448** 1. Entity Name PROSPERITY.SKIN CARE.COSMETICS.NUTRITION, LLC 04-19-2005 90024 016 ****50.00 Principal Place of Business Mailing Address 905 WEST DREW STREET 905 WEST DREW STREET LANTANA, FL 33462 LANTANA, FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-1105567 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELLS, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 905 WEST DREW STREET LANTANA, FL 33462 City Zip Code 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 Signature, hyperd or printed nems of registered agent and title if applicable. (NOTE: Registered Agent signature required when rain DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 0. 10. MGRM MILE TITLE ☐ Change ■ Addition ☐ Detete WELLS, VICTORIA MALIT MALF STREET ADDRESS STREET ADDRESS 905 WEST DREW STREET CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP MGRM ☐ Delete TTLE IIILE Change ☐ Addition NAME **GONZALEZ, JOSE LUIS** NAME STREET ADDRESS 905 WEST DREW STREET STREET ADDRESS CITY-ST-ZP LANTANA FL 33462 CITY-ST-ZIP MLE Delete MLE ☐ Change ☐ Addition NAME KALKE STREET ADDRESS STREET ADDRESS City-St-ZIP CTY-51-70 TITLE Delete ☐ Change ■ Addition NAME HALE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZP ☐ Change Detete ☐ Addition TITLE TTLE MALVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Octob ☐ Change Addition TITLE IIILE MALO MARKE STREET ADDRESS STREET ADDRESS

FILED

May 25, 2005 8:00 am

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 eath; 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.

CITY-St-74P

SIGNATURE VILLE WELLS

CITY-ST-ZIP