


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90024 016 \*\*\*\*50.00

**DOCUMENT # L04000035448**

1. Entity Name  
**PROSPERITY.SKIN CARE.COSMETICS.NUTRITION, LLC**



Principal Place of Business  
**905 WEST DREW STREET  
 LANTANA, FL 33462**

Mailing Address  
**905 WEST DREW STREET  
 LANTANA, FL 33462**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1105567**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WELLS, VICTORIA  
 905 WEST DREW STREET  
 LANTANA, FL 33462**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. The above named entry 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00  
 Due by May 1, 2005**



**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLS, VICTORIA			NAME			
STREET ADDRESS	905 WEST DREW STREET			STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE LUIS			NAME			
STREET ADDRESS	905 WEST DREW STREET			STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		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: *Victoria Wells*