

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084410

FILED
Mar 28, 2007
Secretary of State

Entity Name: BEAUTIFUL SKIN MEDICAL SPA, L.L.C.

Current Principal Place of Business:

6817 SOUTHPOINT PKWY SUITE 1704
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PKWY SUITE 1704
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ.
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202 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/MANAGERS:

Title: PRES () Delete
Name: MOSER, ALINA M MRS.
Address: 6817 SOUTHPOINT PKWY SUITE 1704
City-St-Zip: JACKSONVILLE, FL 32216

Title: CFO () Delete
Name: RALSTON, NANCY
Address: 6817 SOUTHPOINT PKWY SUITE 1704
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: GOMEZ, ALINA M MS
Address: 6817 SOUTHPOINT PKWY SUITE 1704
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALINA MARIE GOMEZ MS. 03/28/2007

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