


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90183 030 ****80.00

DOCUMENT # L05000092912	
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1. Entity Name
HEALTH AND BEAUTY LASER CENTER LLC

Principal Place of Business
**650 SW 108 AVE # 204
PEMBROKE PINES, FL 33025**

Mailing Address
**650 SW 108 AVE # 204
PEMBROKE PINES, FL 33025**

20016143



2. Principal Place of Business 1470 NW 107 Ave.	3. Mailing Address 1470 SW 107 AVE.
Suite, Apt. #, etc. P	Suite, Apt. #, etc. P

01172006 Chg-LLC CR2E083 (11/05)

City & State Miami FL	City & State Miami, FL	4. FEI Number 56-2546313	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33172	Country Dade	Zip 33172	Country Dade
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

**PULGAR, CARLOS
91 SIMONTON CIRCLE
WESTON, FL 33326**

Name **Wilson Altamiranda**
Street Address (P.O. Box Number is Not Acceptable)
1470 NW 107 AVE
City **Miami** FL Zip Code **33072**

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

Wilson Altamiranda

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULGAR, CARLOS 91 SIMONTON CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULGAR, CARLOS 1470 NW 107 AVE SUT. P Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, YESENIA 650 SW 108 AVE # 204 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Yessenia Ortiz 1470 NW 107 AVE SUT. P Miami, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT

20076745
#L05000092912

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH AND BEAUTY LASER CENTER
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilson ALTAMIRANDA
(Name of Person)

HEALTH AND BEAUTY LASER CENTER
(Firm/Company)

1470 N.W. 107th AVE., Suite P
(Address)

MIAMI, FL. 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

Wilson ALTAMIRANDA at (407) 430 2572
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

20046715
HEALTH AND BEAUTY LASER CENTER

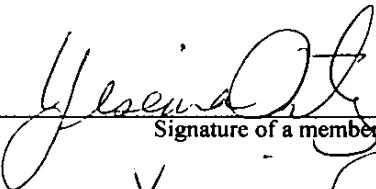
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on September 21, 05 and assigned document number 205000092912.

SECOND: This amendment is submitted to amend the following:

REGISTERED STREET ADDRESS OF
PRINCIPAL OFFICE, COMPANY
ADDRESS (MAILING) HAVE BOTH
CHANGED SINCE THE ARTICLES
OF ORGANIZATION WERE FILED.
SECONDLY, THE REGISTERED AGENT
AND ADDRESS ARE BEING CHANGED.

Dated January 17, 2006.


Signature of a member or authorized representative of a member
Yesenia Ortiz
Typed or printed name of signee

ATTACHMENT
20046745

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: HEALTH AND BEAUTY LASER CENTER
2. The mailing address of the limited liability company is: 1470 N.W. 107th AVE.,
Suite P MIAMI, FL 33172
3. Date of filing/registration in Florida SEPT. 21, 2005
4. Document number L05000092912

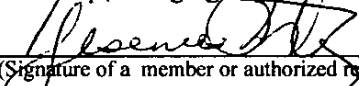
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CARLOS PULGAR
Name
91 SIMONTON CIRCLE
Address
WESTON, FL. 33326
City, State and Zip

6. The name and address of the new registered agent and/or office:

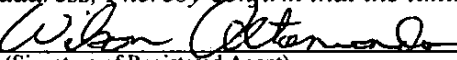
WILSON ALTAMIRANDA
Name
650 S.W. 108 AVE STE. 37-204
Florida street address (P.O. Box NOT acceptable)
PEMBROKE PINES, FL. 33025
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Yesenia Ortiz
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00