

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90103 024 ***138.75

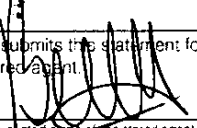
DOCUMENT # L06000011843.	
1. Entity Name LUMINOUS MEDSPA, L.L.C.	

Principal Place of Business 10491 N. KENDALL DRIVE, SUITE F-102 MIAMI FL 33176	Mailing Address 10491 N. KENDALL DRIVE, SUITE F-102 MIAMI FL 33176
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent PASCUAL, ORLANDO SR. 10491 N. KENDALL DRIVE, SUITE F-102 MIAMI FL 33176		7. Name and Address of New Registered Agent Name BELKIS MARRERO Street Address (P.O. Box Number is Not Acceptable) 10491 N. KENDALL DR. SUITE F-102 City MIAMI FL Zip Code 33176	
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 		DATE 3-18-08	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PASCUAL, ORLANDO JR. 10491 N. KENDALL DRIVE, SUITE F-102 MIAMI FL 33176 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Deyce Pascual 10491 N. Kendall Drive, Suite F-102 MIAMI, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARRERO, JUAN 10491 N. KENDALL DRIVE, SUITE F-102 MIAMI FL 33176 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARRERO, BELKIS 10491 N. KENDALL DRIVE, SUITE F-102 MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/17/08 **3/279-0552**
Date Certificate Price