

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90464 006 \*\*\*\*55.00

<b>DOCUMENT # L06000022415</b>					
<b>1. Entity Name</b> <b>JMSKINFRESH, LLC</b>				<b>Principal Place of Business</b> P.O. BOX 4054 FORT LAUDERDALE, FL 33338	
<b>Mailing Address</b> P.O. BOX 4054 FORT LAUDERDALE, FL 33338				<b>2. Principal Place of Business - No P.O. Box #</b>	
<b>3. Mailing Address</b>				<b>4. Filing Status</b> 03162007    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WEISS, SCOTT A ESQ 2550 NE 15TH AVENUE FORT LAUDERDALE, FL 33305				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
WEISS, SCOTT A ESQ 2550 NE 15TH AVENUE FORT LAUDERDALE, FL 33305				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES	
NAME	MCDONALD, JOHN		NAME		
STREET ADDRESS	P.O. BOX 4054		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33338		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>John McDonald</i> 3-16-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					