2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025369

Entity Name: JOESOEF SKIN CARE DISTRIBUTORS, LLC

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7407 CHAMPAGNE PLACE 1181 SOUTH ROGERS CIRCLE

BOCA RATON, FL 33433 US STE #21

BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

7407 CHAMPAGNE PLACE 1181 SOUTH ROGERS CIRCLE STE #21 BOCA RATON, FL 33433 US

BOCA RATON, FL 33487 US

FEI Number: 20-5221606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AKMAN, ANDREA M AKMAN, ANDREA M 7407 CHAMPAGNE PLACE 1181 SOUTH ROGERS CIRCLE BOCA RATON, FL 33433 US STE #21

BOCA RATON, FL 33487 US

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: ANDREA M. AKMAN 04/23/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

JOESOEF, ASWIN E JOESOEF, ASWIN E Name: Name: 5866 HARRINGTON WAY Address: 1181 SOUTH ROGERS CIRCLE, STE #21 Address:

City-St-Zip: BOCA RATON, FL 33433 US City-St-Zip: BOCA RATON, FL 33487 US

Title: Title: MGRM () Change (X) Addition () Delete

Name: Name: AKMAN, ANDREA M

Address: Address: 1181 SOUTH ROGERS CIRCLE, STE #21

City-St-Zip: City-St-Zip: BOCA RATON, FL 33487 US

Title: () Delete Title: MGRM () Change (X) Addition

Name: AKMAN, JASON M Name: Address: Address:

1181 SOUTH ROGERS CIRCLE STE #21

City-St-Zip: City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify 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: ANDREA M. AKMAN **MGRM** 04/23/2007