2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000067532

Entity Name: AESTHETICS CLINIQUE OF FLORIDA LLC

Current Principal Place of Business:

17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029

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:

VILLA, PEDRO
17901 NW 5TH ST.
SUITE #201
PEMBROKE PINES, FL 33029 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD ( ) Change (X) Addition
Name: JUAN, CASTILLO
Address: 17900 NW 5 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: PEDRO VILLA MR 04/30/2008

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