

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/10/2007-90015-042-\$5.00-\$5.00

SECRET
DIVISION

07 OCT -4 PM 2: 58

DOCUMENT # L06000103621					
1. Entity Name AESTHETICS CLINIQUE OF PEMBROKE PINES, LLC					
Principal Place of Business 17900 NW 5TH STREET 202 PEMBROKE PINES, FL 33029			Mailing Address 17900 NW 5TH STREET 202 PEMBROKE PINES, FL 33029		
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		
4. FEI Number 20-5763087					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EDUARDO E GADEA CPA 10689 N. KENDALL DRIVE 215 MIAMI, FL 33178			Pedro villa 17900 NW 5th St #201 Pembroke Pines FL 33029		
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 <u><i>[Signature]</i></u> DATE <u>9/21/07</u>					
(NOTE: Registered Agent signature required when registering)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VILLA, PEDRO A 4501 GRANADA BLVD CORAL GABLES, FL 33146				
<input type="checkbox"/> Delete					
10. ADDITIONS/CHANGES					
000110515210 10/09/07--01010--015 **45.00					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 606, Florida Statutes.					
SIGNATURE: <u><i>[Signature]</i></u> <u>Pedro A. Villa</u> <u>8/6/07</u> <u>954-376-7127</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					