2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 30, 2010
Secretary of State

DOCUMENT# L06000103621

Entity Name: AESTHETICS CLINIQUE OF PEMBROKE PINES, LLC

Current Principal Place of Business:

17900 NW 5TH STREET
202
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17900 NW 5TH STREET
201
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-5763687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, LUIS
17900 NW 5TH STREET
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: D
Name: CASTILLO-PLAZA, JUAN A
Address: 17900 NW 5 STREET SUITE 202
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 Statues.

SIGNATURE: JUAN CASTILLO-PLAZA D 07/30/2010

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