2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000122336

Entity Name: SKINFIT LLC

Current Principal Place of Business:

CALLE AQUILINO DE LA GUARDIA NO. 8
IGRA BUILDING, 2ND FLOOR, PANAMA
REPUBLIC OF PANAMA, XX

New Principal Place of Business:

CALLE AQUILINO DE LA GUARDIA NO. 8
IGRA BUILDING, 2ND FLOOR, PANAMA
REPUBLIC OF PANAMA, XX OC

Current Mailing Address:

CALLE AQUILINO DE LA GUARDIA NO. 8
IGRA BUILDING, 2ND FLOOR, PANAMA
REPUBLIC OF PANAMA, XX

New Mailing Address:

CALLE AQUILINO DE LA GUARDIA NO. 8
IGRA BUILDING, 2ND FLOOR, PANAMA
REPUBLIC OF PANAMA, XX OC

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete
Name: RUIZ, EZEQUIEL
Address: CALLE AQUILINO DE LA GUARDIA NO. 8
City-St-Zip: PANAMA, REP. OF PANAMA, XX

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RUIZ, EZEQUIEL
Address: CALLE AQUILINO DE LA GUARDIA NO. 8
City-St-Zip: PANAMA, REP. OF PANAMA, XX OC

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: EZEQUIEL RUIZ R. MGR 04/14/2009

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