2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000008357

Entity Name: AESTHETICS CLINIQUE OF SUNNY ISLES, LLC

Current Principal Place of Business:

17900 NW 5TH STREET
201
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: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GADEA, EDUARDO E
10689 NORTH KENDALL DRIVE
215
MIAMI, FL 33176 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: MGRM ( ) Delete
Name: VILLA, PEDRO A
Address: 17900 NW 5TH STREET, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: CASTILLO, SIXTA
Address: 17900 NW 5TH STREET, SUITE 201
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 MGR 04/30/2008

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