2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# L07000104928

Entity Name: ESTHETIC CENTER USA, LLC

Current Principal Place of Business:

429 NORTH HIBISCUS DRIVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

429 NORTH HIBISCUS DRIVE
MIAMI BEACH, FL 33139 US

Current Mailing Address:

429 NORTH HIBISCUS DRIVE
MIAMI BEACH, FL 33139

New Mailing Address:

429 NORTH HIBISCUS DRIVE
MIAMI BEACH, FL 33139 US

FEI Number: 26-1244132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SERFATY, CHARLES S ESQ.
4470 BISCAYNE BLVD., SUIT 1430
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

MOYAL, PATRICK
10796 PINES BLVD
SUITE 204
PEMBROKE PINES, FL 33026 US

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: PATRICK MOYAL 07/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LALLEMENT, FRANTZ
Address: 429 NORTH HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LALLEMENT, FRANTZ
Address: 429 NORTH HIBISCUS DRIVE
City-St-Zip: MIAMI BEACH, FL 33139 US

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: FRANTZ LALLEMENT MGR 07/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date