2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L08000006421

Entity Name: REFRESH YOUR BEAUTY - AESTHETIC MEDICINE BOUTIQUE™, LLC

Current Principal Place of Business:

900 SW 2ND AVE
MIAMI, FL 33131 US

New Principal Place of Business:

175 SW 7TH STREET
1708
MIAMI, FL 33130 US

Current Mailing Address:

540 WEST AVENUE
#414
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 74-3248257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CALDERON, LEONEL M MD
540 WEST AVENUE
#414
MIAMI BEACH, FL 33139 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: CALDERON, LEONEL M MD
Address: 540 WEST AVE. #414
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

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: LEONEL CALDERON, MD MGR 01/21/2009

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