2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

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Entity Name: AESTHETICS CLINIQUE OF AVENTURA, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

18205 BISCAYNE BLVD. SUITE 100
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

17900 NW 5 STREET, SUITE 201
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 33-1210700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO-PLAZA, JUAN
17900 NW 5 STREET, SUITE 201
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

GONZALEZ, LUIS
17900 NW 5 STREET, SUITE 201
PEMBROKE PINES, FL 33029 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: LUIS GONZALEZ 04/27/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CASTILLO-PLAZA, JUAN
Address: 18205 BISCAYNE BLVD. SUITE 100
City-St-Zip: AVENTURA, FL 33160

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: LUIS GONZALEZ A 04/27/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date