

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L61612

1. Entity Name
IMAGE PLUS AESTHETIC SKIN CARE, INC.



Principal Place of Business
% RAMON GUTIERREZ M D
2052 S.W. 63RD COURT
MIAMI, FL 33155-1950

Mailing Address
% RAMON GUTIERREZ M D
2052 S.W. 63RD COURT
MIAMI, FL 33155-1950



06122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0188965

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, VIVIAN
2052 S.W. 63RD COURT
MIAMI, FL 33155-1950

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of principal or printed name of registered agent and title if applicable

NOTE: Registered agent signature required when changing registered agent

U00000570255

07/14/06 000077 001 150.00

FILE NOW!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUTIERREZ, ALEXANDER M
STREET ADDRESS	2052 S.W. 63RD CT.
CITY-ST-ZIP	MIAMI, FL 331551955
TITLE	D
NAME	GUTIERREZ, VIVIAN
STREET ADDRESS	2052 S.W. 63RD CT.
CITY-ST-ZIP	MIAMI, FL 331551950
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime telephone

Vivian Gutierrez 7/10/06