

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003458

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: PROFOUND BEAUTY LLC

**Current Principal Place of Business:**

C/O NATIONAL CORPORATE RESEARCH, LTD  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NATIONAL CORPORATE RESEARCH, LTD  
615 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901

**New Mailing Address:**

FEI Number: 20-8089126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: MOUYIARIS, NIKOS  
Address: 32-02 QUEENS BLVD.  
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: MGR      ( ) Delete  
Name: WEINSTOCK, LAWRENCE  
Address: 32-02 QUEENS BLVD.  
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: MGR      ( ) Delete  
Name: NOVICK, BARBARA  
Address: 32-02 QUEENS BLVD.  
City-St-Zip: LONG ISLAND CITY, NY 11101

**ADDITIONS/CHANGES:**

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

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: LAWRENCE WEINSTOCK

MGR

03/31/2009

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