

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000706

FILED
Jan 26, 2005
Secretary of State

Entity Name: AESTHETIC MEDICAL EDUCATION RESOURCES, INC.

Current Principal Place of Business:

6770 SW 124TH STREET
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

6770 SW 124TH STREET
MIAMI, FL 33156

New Mailing Address:

FEI Number: 02-0682464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROYAVE, ROBIN
6770 SW 124TH STREET
MIAMI, FL 33156 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: URBAN, GAIL
Address: 6880 SW 133RD TERR
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: RUEL, RON
Address: 18045 SW 83RD COURT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: MARTINEZ, CECY
Address: 2901 CLINT MOORE RD #154
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN ARROYAVE

RA

01/26/2005

Electronic Signature of Signing Officer or Director

Date