

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005714

FILED
Apr 23, 2008
Secretary of State

Entity Name: ASSOCIATION OF MEDICAL ESTHETIC NURSES, INC.

Current Principal Place of Business:

2000 SO. ANDREWS AVE
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1120 S. FEDERAL HIGHWAY
SUITE 4
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-1088319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, SASHA
508 SW 5TH AVE
FT LAUDERDALE, FL 33315 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: PARKER, SASHA
Address: 508 SW 5TH AVE
City-St-Zip: FT LAUDERDALE, FL 33315

Title: D () Delete
Name: JAKARY, KATHY
Address: 24936 SUMMERWIND
City-St-Zip: DANA POINT, CA 92629

Title: D () Delete
Name: GIORDANO, LEIGH
Address: 7955 EAST CHAPARRAL RD #63
City-St-Zip: SCOTTSDALE, AZ 85250

Title: D () Delete
Name: OLCOTT, JOAN
Address: 10718 E. FENNIMORE RD
City-St-Zip: MESA, AZ 85207

Title: D (X) Delete
Name: BEATON, VIRGINIA
Address: 16 VILLANOVA LANE
City-St-Zip: DIX HILLS, NY 11746

Title: D (X) Delete
Name: EDLER, CARRIE
Address: 1828 BROADWAY SUITE #B
City-St-Zip: SANTA MONICA, CA 90404

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:

Title: () Change () Addition
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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 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: SASHA PARKER

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

Date