

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005714

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** AMERICAN ACADEMY OF MEDICAL ESTHETIC PROFESSIONALS, 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

**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  
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

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date