

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021992

FILED  
Sep 12, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL AMERICAN ACADEMY OF AESTHETIC MEDICINE, INC.

**Current Principal Place of Business:**

9737 NW 41 ST, STE 638  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41 ST  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 65-1005255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ-CONDE, ISIDRO  
9737 NW 41 ST, STE 638  
MIAMI, FL 33178 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREZ-CONDE, ISIDRO  
Address: 9737 NW 41 ST, STE 638  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISIDRO PEREZ-CONDE

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09/12/2008

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

\_\_\_\_\_  
Date