
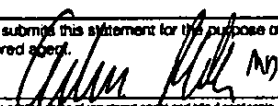
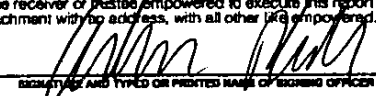


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-30-2006 90065 014 ***150.00

DOCUMENT # P00000070255			
1. Entity Name THE CENTER FOR HUMAN APPEARANCE OF PALM BEACH, INC.			
Principal Place of Business 5210 LINTON BLVD. SUITE 307 DELRAY BEACH, FL 33484		Mailing Address 5210 LINTON BLVD. SUITE 307 DELRAY BEACH, FL 33484	
2. Principal Place of Business 30 SE 6th Street		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State	
Zip 33432	Country USA	Zip	Country
4. FEI Number 02-0535802		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOBIN & REYES, P.A. 7251 WEST PALMETTO PARK ROAD SUITE 205 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/11/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLOTKIN, ADAM S 5210 LINTON BLVD. SUITE 307 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with no address, with all other info empowered.			
SIGNATURE: 		Date 2/20/06 561-489-0660 Daytime Phone #	

66002681



01092006 Chg-P CR2E034 (11/05)



ATTACHMENT

66002681

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

THE CENTER FOR HUMAN APPEARANCE OF PALM BEACH, INC.
5210 LINTON BLVD.
SUITE 307
DELRAY BEACH, FL 33484

Subject: **THE CENTER FOR HUMAN APPEARANCE OF PALM BEACH, INC.**

Reference Number: **P00000070255**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION