FILED
Jan 21, 2003 8:00 am
Secretary of State
01-21-2003 90550 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037063

1. Entity Name
THE SKIN OF ENERGY CORP.

20015424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 E HALLANDALE BEACH BLVD	10920 W FLAGLER STREET
Suite, Apt. #, etc.: 400	Suite, Apt. #, etc.: SUITE 204
City & State: HALLANDALE, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33009 County: BROWARD	Zip: 33174 County: MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1095148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: HORACIO A. PARADA

Street Address (P.O. Box Number is Not Acceptable):
10920 W FLAGLER STREET SUITE 204

City: MIAMI FL Zip Code: 33174

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: Horacio A. Parada HORACIO A. PARADA 01/16/2003
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. Date

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PARADA, HORACIO A.
STREET ADDRESS	2500 HALLADALE BEACH BLVD #400
CITY-ST-ZIP	HALLADALE, FLORIDA 33009
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CITY-ST-ZIP	

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CR2E234S (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Horacio A. Parada 01/16/2003 (954) 455-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #