


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90118 040 \*\*\*150.00

<b>DOCUMENT # P01000094011</b>	
1. Entity Name <b>SKIN ESSENTIALS OF MIAMI, INC.</b>	

Principal Place of Business <b>305 N. ROYAL POINCIANA MIAMI SPRINGS, FL 33166</b>	Mailing Address <b>1001 BLUEBIRD AVE MIAMI SPRINGS, FL 33166</b>
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20062361



2. Principal Place of Business <b>1001 BLUEBIRD AVE.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI SPRINGS, FL</b>	City & State
Zip <b>33166</b>	Country <b>DADE</b>

06302005 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0566739</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MORENO, MARIA A 1001 BLUEBIRD AVE MIAMI SPRINGS, FL 33166</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORENO, MARIA A 1001 BLUEBIRD AVE MIAMI SPRINGS, FL 33166</b> <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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <b>Maria A Moreno</b>	Date: <b>7/9/05</b>	Daytime Phone #: <b>(305) 884-1800</b>
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ATTACHMENT

# P01000076011

20662361

Skin Essentials  
1001 Bluebird Ave.  
Miami Springs, FL 33166

Florida Department of State Division of Corporations

Dear Sir or Madam:

I am enclosing a check for \$150.00 to pay for the annual report on corporation # fei 01-0566739

The only notification I received was Notice of Intent to Dissolve form. I never received the actual annual report.

Notice that I am no longer at the 305 North Royal Poinciana address. I moved from this location. Please send the report to 1001 Bluebird Ave. Miami Springs, FL 33166. Thank you for your assistance.

Sincerely,

Skin Essentials

*Maria Moreno*

Maria Moreno Pres.