FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91435 016 ***150.00

2003	FOR	PROFIT (CORPORAT	ION
UNIFO	RM I	BUSINES	REPORT ((UBR)

DOCUMENT # P0200001569 1. Entity Name RESCUE SKINCARE INC.							9143.	, 010	130.00		
Principal Place of Business 300 BISCAYNE BLVD, WAY 718		Mailing Address 300 BISCAYNE BLVD. WA 718	300 BISCAYNE BLVD. WAY				-				
		MIAMI, FL 33131	MIAMI, FL 33131		}	5525 5 1 121 55115 11511 55 111 55 111 5	anı Banı S		- 41(c- 1811 (Bal)	ı	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE I	MAKING	CHANGES	; 1		
Citý & State		City & State	City & State		4. i	FEI Number	·		oplied For of Applicable]	
T ip		Country	Zip	Cour	Country		Certificate of Status Desired		\$8.75 Add	ditional d	
	6. Nam€	and Address of Curr	ent Registered Agent		Name	7. 1	Name and Address of New Re	gistered	Agent		1
EATON, CH		1				-					
15-O		•••			Street Address ((P.O. B	lox Number is Not Acceptable) 			
MIAMI BEA	CH, FL 33	139									
,		. •			City			FL	Zip Cod	e	
	named entit tions of regis		nt for the purpose of changing its	registe	red office or registe	red ag	ent, or both, in the State of Flo	ida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of egistered a	gent and title if apphicable. (NOT	E Register	ed Agents grunture requires	dwhen re	imstating)	CATE	···		}
After	May 1, 20	III FER IS \$160.00 03 Fee will be \$550 o Florida Departme	00 nt'of State	<u></u>			9. Election Campaign Fine Trust Fund Contribution			O May Be d to Fees	
10.		OFFICERS A	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AN	DIRECTOR	S IN 11	_
TITLE NAME	P FATON O	HRISTINE M	☐ Delete	TITL	ſ				☐ Change	Addition	0/02
STREET ADDRESS CITY-ST-2P		AYNE BLVD: WAY.	W18	str	EET ADDRESS (-ST-ZIP	- · · ·		·-			CH2E034 (10/02
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NAME STREET ADDRESS				H	RET ADDRESS			-	•		<u> </u>
CitY-st-2P	certify that th	e information europlied	with this filing does not qualify fo		(-SI-ZIP	ection 1	119 07(3YI) Florida Statutos I	further ce	rtifu that the in	Mormation	
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, Plorida 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.											
SIGNAT	URF.	Christ	ine Eaton		3	خــــ	4/20/03	78	6777	-0877	
~:WIM1	J.IL		OR PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR				Daytime Phone #	——-	1