2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000018134

Entity Name: PRISM AESTHETICS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1291 S POWERLINE RD #217 POMPANO BEACH, FL 33069	1201 SW 26TH AVENUE #217 POMPANO BEACH, FL 33069

Current Mailing Address:	**New Mailing Address:**
1291 S POWERLINE RD #217 POMPANO BEACH, FL 33069	1201 SW 26TH AVENUE #217 POMPANO BEACH, FL 33069

FEI Number: 04-3630242   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MEE, GLENN R 517 SW FIRST AVE FORT LAUDERDALE, FL 33301	

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: D ( ) Delete Name: CHIN-HAYWARD, MICHELLE A Address: 3455 NW 47TH AVE City-St-Zip: COCONUT CREEK, FL 33063	Title: MS (X) Change ( ) Addition Name: CHIN-HAYWARD, MICHELLE A Address: 1201 SW 26TH AVENUE #217 City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHELLE CHIN HAYWARD   MS   04/22/2003

            Electronic Signature of Signing Officer or Director   Date