2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000027351

Current Principal Place of Business:

Entity Name: REJUVESKIN CLINICS CORPORATION

FILED Apr 29, 2003 Secretary of State

New Principal Place of Business:

140 CYPRESS CLUB DRIV #404	Æ	4600 KING STREET SUITE #5D
POMPANO BEACH, FL 33	060 US	ALEXANDRIA, VA 22302 US
Current Mailing Address:		New Mailing Address:
140 CYPRESS CLUB DRIVE #404		28202 CABOT RD., CROWN CABOT FINANCIAL CTR SUITE #300
POMPANO BEACH, FL 33	060 US	LAGUNA NIGUEL, CA 92677 US
FEI Number: 04-3618000	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:		
ROSENTHAL, MARVIN 140 CYPRESS CLUB DRIV #404 POMPANO BEACH, FL 33		COOK, GEOFFREY A CEO 9817 MAJORCA PLACE BOCA RATON, FL 33434 US
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: GEOFFREY	A. COOK	04/29/2003
Electronic Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ().		

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

ALEXANDRIA, VA 22302 US

Title: () Delete Title: () Change (X) Addition COOK, GEOFFREY A Name: Name: Address: 9817 MAJORCA PLACE Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33434 US Title: () Delete Title: PRES () Change (X) Addition GIUNTA, STEPHEN X Name: Name: Address: Address: 4600 KING STREET, SUITE 5D ALEXANDRIA, VA 22302 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete COO Name: Name: BURGESS, CAROL A Address: Address: 4600 KING STREET, SUITE 5D

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.

City-St-Zip:

SIGNATURE: GEOFFREY A. COOK CEO 04/29/2003