


Jul. 10. 2007 11:29AM

### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90023 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P02000028971</b><br>1. Entity Name<br><b>ALMARIS ESTHETIC CLINIC, INC.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>2910 W. LAKE MARY BLVD., STE. #101<br/>LAKE MARY, FL 32746-3498</b> | Mailing Address<br><b>2910 W. LAKE MARY BLVD., STE. #101<br/>LAKE MARY, FL 32746-3498</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



07102007 No Chg-P CR2E034 (11/05)

|  |                                      |
|--|--------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><b>NOT APPLICABLE</b> |
|--|--------------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**SANCHEZ-TORRES, ALBERTO  
2910 W. LAKE MARY BLVD., STE. #101  
LAKE MARY, FL 32746-3498**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-electing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

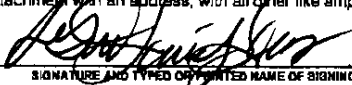
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br><b>SANCHEZ, ALBERTO<br/>2910 W. LAKE MARY BLVD., STE. #101<br/>LAKE MARY, FL 327463498</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/13/07**  
Date Daytime Phone #