

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90094 045 ***150.00

DOCUMENT # P02000048705 1. Entity Name ABOUT FACE SKIN CARE CLINIC, INC.			
Principal Place of Business 2478 WINFIELD DR KISSIMMEE, FL 34743		Mailing Address 2478 WINFIELD DR KISSIMMEE, FL 34743	
2. Principal Place of Business - No P.O. Box # 1119 E. VINE ST		3. Mailing Address 1119 E. VINE ST.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State KISSIMMEE, FL.		City & State KISSIMMEE, FL.	
Zip 34744		Zip 34744	
Country OS.		Country U.S.	
4. FEI Number 01-0684921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVILA, BRUNILDA 2478 WINFIELD DRIVE KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature of officer or director of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDTS	NAME DAVILA, BRUNILDA	TITLE 	NAME
STREET ADDRESS 2478 WINFIELD DR	CITY-ST-ZIP KISSIMMEE, FL 34743	STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME ROSAS, EDGARDO	TITLE 	NAME
STREET ADDRESS 2478 WINFIELD DR	CITY-ST-ZIP KISSIMMEE, FL 34743	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: <i>Brunilda Davila</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/07 <small>Date Daytime Phone #</small>	

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