


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 021 ***150.00

DOCUMENT # P02000048705 1. Entity Name ABOUT FACE SKIN CARE CLINIC, INC.					
Principal Place of Business 1119 E. VINE ST KISSIMMEE, FL 34744			Mailing Address 1119 E. VINE ST KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
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 FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PDTS DAVILA, BRUNILDA 2478 WINFIELD DR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAS, EDGARDO 2478 WINFIELD DR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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, 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 another like empowered.			SIGNATURE: <i>Brunilda Davila</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date: <i>4/1/08</i> Daytime Phone #: <i>407-846-3709</i>		