2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P02000048705

Entity Name: ABOUT FACE SKIN CARE CLINIC, INC.

Current Principal Place of Business:

1119 E. VINE ST
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1119 E. VINE ST
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 01-0684921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVILA, BRUNILDA
2478 WINFIELD DRIVE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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:

Title: PDTS ( ) Delete
Name: DAVILA, BRUNILDA
Address: 2478 WINFIELD DR
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete
Name: ROSAS, EDGARDO
Address: 2478 WINFIELD DR
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRUNILDA DAVILA P 04/13/2009
Electronic Signature of Signing Officer or Director Date