2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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FILED Jun 02, 2008 08:00 AM **DOCUMENT # P02000091000 Secretary of State** 1. Entity Name LORENZ SKIN CENTER, INC. Principal Place of Business Mailing Address 2735 CORAL WAY 2735 CORAL WAY MIAMI, FL 33145 MIAMI, FL 33145 No Chg-P CR2E034 (11/05) 05292008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2115746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORENZO, MIRIAM DO NOT WRITE 2735 CORAL WAY MIAMI, FL 33145 IN THIS SPACE 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE HAAAAASSE14 \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing 08/04/08-80088-011 150.00 Trust Fund Contribution. ue by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME LORENZO, MIRIAM 2735 CORAL WAY STREET ADORESS CITY- ST-ZIP MIAMI, FL 33145 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 ンス SIGNATURE G OFFICER OR DIRECTOR Daytime Phone 6