

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90028 002 \*\*\*150.00

DOCUMENT # P02000105254  
 1. Entity Name  
**ESPERANZA SKIN CARE INC.**



Principal Place of Business Mailing Address  
~~801 W. 49TH ST., SUITE 229A~~  
~~HIALEAH, FL 33012~~  
 801 W. 49TH ST., SUITE 229A  
 HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**8275 W 12 AVE**  
 Suite, Apt. #, etc. **103**  
 City & State **HIALEAH FL 33014**  
 Zip **33014** Country **USA**

4. FEI Number **30-0154240** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

01152008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent  
**DIAZ, ESPERANZA**  
~~801 W. 49TH ST., SUITE 229A~~  
~~HIALEAH, FL 33012~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) **8275 W 12 AVE Ste. 103**  
 City **HIALEAH** FL Zip Code **33014**

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 *[Signature]* **DIAZ ESPERANZA DIAZ** DATE **X 01/15/08**

9. Election Campaign Financing Trust Fund Contribution.  \$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	<b>D</b> <b>DIAZ, ESPERANZA</b> <b>8275 WEST 12 AVE, STE 103</b> <b>HIALEAH, FL 33014</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **DIAZ ESPERANZA DIAZ** DATE **X 01/15/08** 305 2310335  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #