


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 801 W. 49TH ST., SUITE 229A HIALEAH, FL 33012	Mailing Address 801 W. 49TH ST., SUITE 229A HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 8275 W 12 AVE	3. Mailing Address 8275 W 12 AVE
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State HIALEAH FL 33014	City & State HIALEAH FL
Zip 33014	Country USA

40000000



01152008 Chg-P CR2E034 (12/06)

4. FEI Number 30-0154240	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 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 33014
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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 *X Esperanza Diaz* **DIAZ ESPERANZA DIAZ** **X 01/15/08**

Signature, typed or printed name of registered agent and initial, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: *X Esperanza Diaz* **DIAZ ESPERANZA DIAZ** **X 01/15/08** **305 2310335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #