



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000122212 1. Entity Name ADVANTAGE DERMATOLOGICS INC.																																										
Principal Place of Business 12490 N.W. 7 AVENUE, #222 NORTH MIAMI, FL 33161	Mailing Address 12490 N.W. 7 AVENUE, #222 NORTH MIAMI, FL 33161																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent RODRIGUEZ, EVELYN E 12490 N.W. 7 AVENUE, #222 NORTH MIAMI, FL 33161		DO NOT WRITE 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: _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and file if applicable DATE: 07/13/07-80002-013 150.00																																										
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>RODRIGUEZ, EVELYN E</td></tr><tr><td>STREET ADDRESS</td><td>12490 N.W. 7 AVENUE, #222</td></tr><tr><td>CITY-ST-ZIP</td><td>NORTH MIAMI, FL 33161</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PD	NAME	RODRIGUEZ, EVELYN E	STREET ADDRESS	12490 N.W. 7 AVENUE, #222	CITY-ST-ZIP	NORTH MIAMI, FL 33161	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 07/10/07 Daytime Phone #: 305-6108423																																										