2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 20, 2004 8:00 am
Secretary of State
08-20-2004 90003 020 ***150.00

DOCUMENT # P02000130273
1. Entity Name
ABSOLUTE AESTHETICS, INC.

66433857

Principal Place of Business	Mailing Address
135 CEDAR DUNES NEW SMYRNA BCH, FL 32169	135 CEDAR DUNES NEW SMYRNA BCH, FL 32169

08112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
110 N. Orlando Ave		135 Cedar Dunes	
Suite, Apt. #, etc. 14		Suite, Apt. #, etc. New Smyrna Beach	
City & State Maitland, Fl.		City & State Florida	
Zip 32751	Country Orange	Zip 32169	Country Volusia

4. FEI Number 82-0580057 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTELLO, CAMILLE
135 CEDAR DUNES
NEW SMYRNA BCH, FL 32169

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Camille Costello 9-8-04
DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD COSTELLO, CAMILLE 135 CEDAR DUNES NEW SMYRNA BCH, FL 32169	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Camille Costello 8/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE