

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90049 022 ***150.00

DOCUMENT # P03000003188

1. Entity Name
GEMINIS SKIN CARE, CORP.



Principal Place of Business
**8181 NW 36 STREET
STE 5-C
MIAMI SPRINGS, FL 33166**

Mailing Address
**8181 NW 36 STREET
STE 5-C
MIAMI SPRINGS, FL 33166**

50060529



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
50-0008361

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANTERA, EDUARDO
2916 PONCE DE LEON
CORAL GABLES, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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
**PD
CANTERA, EDUARDO
2916 PONCE DE LEON, SUITE C
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/05

1786-277-8653
Daytime Phone #

ATTACHMENT

50060529

DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
GEMINIS SKIN CARE, INC
DOCUMENT P03000003188

July 29, 2005

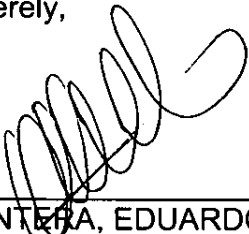
To Whom It May Concern:

I am writing this letter to explain the reason why I did not file the annual report, For the year 2005, I never received the letter for the renewal. I was expecting for the Letter and never got on my mail for this reason I am writing this letter to consider this inconvenience and renew it without any late fee. I am enclosing the payment for the year of \$150.00

I feel sorry for any inconvenience.

If you have any question does not hesitate to contact me at (786) 277-8653

Sincerely,



CANTERRA, EDUARDO
PRESIDENT