

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005536

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** MEDICAL COSMETIC SKIN CARE CENTER, INC.

**Current Principal Place of Business:**

6003 N.W. 31ST AVENUE  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

6245 N FEDERAL HWY  
200  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

6003 N.W. 31ST AVENUE  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

6245 N FEDERAL HWY  
FT. LAUDERDALE, FL 33308

**FEI Number:** 02-0676134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, DAVID  
6003 N.W. 31ST AVENUE  
FT. LAUDERDALE, FL 33309

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: OLENEK, CHRISTOPHER D  
Address: 6003 N.W. 31ST AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: OLENEK, CHRISTOPHER D  
Address: 6245 N FEDERAL HWY  
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHRISTOPHER OLENEK

PSD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date