2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019580

Entity Name: MEDICAL AESTHEOLOGISTS INTERNATIONAL, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
1145 W. LAKE BRANTL ALTAMONTE SPRINGS			
Current Mailing Address:		New Mailing Address:	
1923 WESTPOINTE CIR ORLANDO, FL 32835			
FEI Number: 33-1043163	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
GONZALEZ, HECTOR M 1923 WESTPOINTE CIR ORLANDO, FL 32835			
The above named entity in the State of Florida.	submits this statement for the բ	ourpose of changing its registered	d office or registered agent, or both,
SIGNATURE:			
	Electronic Signature of Registered Agent		Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCEO PCEO Title: () Delete Title: (X) Change () Addition GONZALEZ, HECTOR M GONZALEZ SARAVIA, HECTOR M Name: Name: 1923 WESTPOINTE CIR 1923 WESTPOINTE CIR Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835

Title: () Delete Title: (X) Change () Addition GONZALEZ, HECTOR M GONZALEZ SARAVIA, HECTOR M Name: Name: Address: 1923 WESTPOINTE CIR Address: 1923 WESTPOINTE CIR ORLANDO, FL 32835 ORLANDO, FL 32835 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HECTOR M GONZALEZ SARAVIA CEO 04/28/2009