2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000031226

1. Entity Name
SKIN GOURMET, INC.

50003040

Principal Place of Business	Mailing Address
18090 COLLINS AVENUE SUITE T-17 #B-23 SUNNY ISLES BEACH, FL 33160-1912 US	1878 VICTORY BOULEVARD RICHARD M. GABOR, ESQ. STATEN ISLAND, NY 10314-3514 US

2. Principal Place of Business	3. Mailing Address c/o Adam R. Schiffman, Esq., 2999 N.E.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 191 Street, Suite 900	01272006 Chg-P CR2E034 (11/05)
City & State	City & State Aventura, Florida	**4.** FEI Number 42-1590884 / Applied For / Not Applicable
Zip	Country	Zip 33180	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
GABOR, RICHARD M ESQ 18090 COLLINS AVENUE SUITE T-17 #B-23 SUNNY ISLES BEACH, FL 33160-1912	Name Adam R. Schiffman, Esquire Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191 Street Suite 900 City Aventura FL Zip Code 33180

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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE O NAME TODD, GALINA STREET ADDRESS 18090 COLLINS AV STE T-17 #B23 CITY-ST-ZIP SUNNY ISLES BEACH, FL 331601912		☐ 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 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: _____   2/17/06   (305) 651-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #