


FILED
May 10, 2004 8:00 am
Secretary of State

03-15-2004 90077 026 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P03000058306					
1. Entity Name AESTHETIC CONCEPTS CENTER, INC.					
Principal Place of Business 1880 MICHIGAN AVE STE 914 MIAMI BEACH, FL 33139		Mailing Address 1880 MICHIGAN AVE STE 914 MIAMI BEACH, FL 33139			
2. Principal Place of Business Subs, Apt. #, etc.		3. Mailing Address Subs, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3691137	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, JOSE A 1880 MICHIGAN AVE STE 914 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent		
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.			Name		
SIGNATURE			Street Address (P.O. Box Number is Not Acceptable)		
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signatures required when re-elected)			City		
FILE NOW!!! FEE IS \$150.00 After May 7, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
<input checked="" type="checkbox"/> Delete	LOPEZ, JOSE A	1880 MICHIGAN AVE STE 914	MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	LOPEZ, DIANA	1880 MICHIGAN AVE STE 914	MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fees empowered.					
SIGNATURE:			02-24-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66420372



02132004 Chg-P CR2E034 (10/03)

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