

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105135

FILED  
Feb 25, 2006  
Secretary of State

Entity Name: STELLA MARIS COSMETIC HEALTH CENTER, INC.

## Current Principal Place of Business:

230 CRANWOOD DRIVE  
KEY BISCAYNE, FL 33149

## New Principal Place of Business:

917 CRANDON BLV.  
KEY BISCAYNE, FL 33149

## Current Mailing Address:

230 CRANWOOD DRIVE  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 20-0264213      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOCANEGRA, BEATRIZ  
230 CRANWOOD DRIVE  
KEY BISCAYNE, FL 33149      US

## 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: D ( ) Delete  
Name: BOCANEGRA, BEATRIZ  
Address: 23. CRANWOOD DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: ARTUNDUAGA, CARLOS E  
Address: 230 CRANWOOD DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BOCANEGRA, BEATRIZ  
Address: 230 CRANWOOD DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEATRIZ BOCANEGRA

D

02/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date