

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000108645

1. Entity Name
SKIN PROFILE, INC.



FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90057 001 ***150.00
07-09-2004 90057 002 *****8.75

Principal Place of Business
P.O. BOX 560214
PINECREST, FL 33156

Mailing Address
P.O. BOX 560214
PINECREST, FL 33156

66429680



2. Principal Place of Business
PO Box 700222
Suite, Apt. #, etc.

3. Mailing Address
PO Box 700222
Suite, Apt. #, etc.

07042004 Chg-P CR2E034 (10/03)

City & State,
Miami, FL
Zip
33170
Country
USA

City & State,
Miami, FL
Zip
33170
Country
USA

4. FEI Number
51-0493065
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIP, CHRISTIANA
14338 S.W. 88TH AVE.
PALMETTO BAY, FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Christiana Phillip*
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME PHILLIP, CHRISTIANA
STREET ADDRESS P.O. BOX 560214
CITY-ST-ZIP PINECREST, FL 33156

TITLE S ☒ Delete
NAME PHILLIP, SYLVIA
STREET ADDRESS P.O. BOX 560214
CITY-ST-ZIP PINECREST, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Phillip, Christiana
STREET ADDRESS PO Box 700222
CITY-ST-ZIP Miami, FL 33170

TITLE S ☒ Change ☐ Addition
NAME Phillip, Sylvia
STREET ADDRESS PO Box 700222
CITY-ST-ZIP Miami, FL 33170

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Christiana Phillip*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-04
Date

786-280-1944
Daytime Phone #