


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
06-24-2005 90001 027 ***150.00
P03000121360
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---------------------------------|---|---|---|
| DOCUMENT # P03000121360 | | | |  | |
| 1. Entity Name ESTHETIC VENTURES ETC, INC. | | | | | |
| Principal Place of Business 169 SW 3RD STREET POMPANO BEACH, FL 33060 | | | Mailing Address 169 SW 3RD STREET POMPANO BEACH, FL 33060 | | |
| 2. Principal Place of Business SALE | | | 3. Mailing Address SALE | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 51-0488587 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DERMAKE, ROBIN J 169 SW 3RD STREET POMPANO BEACH, FL 33060 | | | Name SALE | | |
| | | | 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 <u>Robyn J. Dermake, Pres.</u> DATE <u>June 12, 2005</u> | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | | 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 | P DERMAKE, ROBIN J 169 SW 3RD STREET POMPANO BEACH, FL 33060 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SALE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Robyn J. Dermake, Pres.</u> 6-12-05 954946-0167 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |